DOCUMENT RESUME

ED 254 788 CG 018 073

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| TITLE | Reauthorization of the Older Americans Act: Hagerstown, Maryland. Hearing before the Select Committee on Aging. House of Representatives, Ninety-Eighth Congress, Second Session (March 31, 1984, Hagerstown, Maryland). |
| INSTITUTION | Congress of the U.S., Washington, D.C. House Select Committee on Aging. |
| REPORT NO | House-Comm-Pub-98-448 |
| PUB DATE | 31 Mar 84 |
| NOTE | 86p.; Document contains small print. |
| PUB TYPE | Legal/Legislative/Regulatory Materials (090) |
| EDRS PRICE | MF01/PC04 Plus Postage. |
| DESCRIPTORS | Aging (Individuals); Delivery Systems; Disadvantaged; *Federal Legislation; *Federal State Relationship; Financial Support; Hearings; *Human Services; Individual Needs; *Older Adults |
| IDENTIFIERS | Congress 98th; Maryland; *Older Americans Act 1965 |

ABSTRACT

This document presents testimony and prepared statements from the Congressional hearing held to gather information from Maryland residents on ways to improve the Older Americans Act, and to determine the needs of elders and whether or not those needs are being met. A brief history of the Older Americans Act, first passed in 1965 to improve the lives of senior citizens, is given. The need for reauthorization of this act over the years is described as a continuing effort to meet the special and changing needs of older adults. Statements are included from committee members, senior citizens, administrators, and service providers, suggesting changes and additions to the Older Americans Act. Testimony is given by Maryland directors of county commissions on aging, officers and volunteers from senior centers and programs, representatives of the Maryland Office on Aging and the Maryland Association of Senior Centers, and a member of the American Association of Retired Persons. The need for flexibility, funding changes, and programs to help older citizens in the greatest need are discussed as possible changes to be included in the reauthorization of the Older Americans Act. (NRB)

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# REAUTHORIZATION OF THE OLDER AMERICANS ACT: HAGERSTOWN, MD

ED254788

## HEARING

BEFORE THE

## SELECT COMMITTEE ON AGING
## HOUSE OF REPRESENTATIVES

NINETY-EIGHTH CONGRESS

SECOND SESSION

MARCH 31, 1984, HAGERSTOWN, MD

Printed for the use of the Select Committee on Aging

Comm. Pub. No. 98-448

CG 018073

U.S. DEPARTMENT OF EDUCATION
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# CONTENTS

## Members' Opening Statements


| | Page |
|---|---|
| Beverly B. Byron | 1 |
| Hal Daub | 3 |


## Chronological List of Witnesses


| | |
|---|---|
| Patricia B. Throne, director, Frederick County Commission on Aging, Frederick, MD | 6 |
| Herbert Logsdon, chairman, Maryland State Legislative Committee, American Association of Retired Persons | 11 |
| Sara Barron, vice-president, Northwest Senior Center, Baltimore, MD | 18 |
| Mary L. Cutsail, volunteer, Green Thumb Program, Frederick County, MD | 19 |
| Ronald L. Bowers, president, Washington County Commissioners | 25 |
| Harry F. Walker, deputy director, Maryland Office on Aging | 31 |
| Ralph R. Garver, director, Washington County Commission on Aging/Area Agency on Aging | 40 |
| Shirley Guessford, Washington County Commission on Aging/Area Agency on Aging, director, Supportive Services | 48 |
| Mary-Mae Raines, Washington County Commission on Aging/Area Agency on Aging, Nutrition director | 55 |
| Elsie Horst, Washington County Commission on Aging/Area Agency on Aging, president, Board of Directors | 56 |
| Alec Olson, director, Green Thumb, Inc | 59 |
| Susan Hirsch, president, Maryland Association of Senior Centers | 62 |
| Mary Jane Lyman, executive director, Waxter Center, Baltimore, MD | 64 |
| Michaela Whitaker, coordinator, Meals-on-Wheels, Washington County, MD | 66 |


## Appendix


| | |
|---|---|
| Statement of Montgomery County Commission on Aging, Wheaton, MD | 77 |
| Statement of Marilyn J. Metheny, executive director, Garrett County Commission on Aging, Inc., Oakland, MD | 78 |
| Howard County Office on Aging, Ellicott City, MD, Vivian L. Reid, director | 79 |
| Maryland Association of Area Agencies on Aging, Don Wassmann, chairperson | 80 |
| Letter of Harry F. Walker, deputy director, Maryland Office on Aging, Baltimore, MD | 82 |

# REAUTHORIZATION OF THE OLDER AMERICANS ACT: HAGERSTOWN, MD.

SATURDAY, MARCH 31, 1984

HOUSE OF REPRESENTATIVES,
SELECT COMMITTEE ON AGING,
*Hagerstown, MD.*

The committee met, pursuant to notice, at 9:30 a.m., in the auditorium, Hagerstown Junior College, Hagerstown, MD, Hon. Beverly B. Byron (acting chairwoman of the committee) presiding.

Members present: Representatives Byron of Maryland, and Daub of Nebraska.

Staff present: Sheila P. Duffy, professional staff; John Vihstadt, minority counsel; and Jacqueline L. Sullivan, legislative assistant to Representative Byron.

## OPENING STATEMENT OF REPRESENTATIVE BEVERLY B. BYRON

Ms. BYRON. First of all, let me welcome each and every one of you to western Maryland. I first of all want to thank my colleague, Mr. Daub, from Nebraska for coming up to Hagerstown today to western Maryland. He said it reminded him very much on the way up as if he were driving home to Nebraska, this district looks very much like his, and I think we have a lot of similar problems in the two areas.

At the same time, he said: "I think it would be easier to get home every weekend if I drove to Hagerstown."

I want to express my thanks to Congressman Roybal who is the new chairman of the Select Committee on Aging for taking over last year. A legend had held this chairmanship for a long time. Congressman Pepper, has moved on as chair of the Rules Committee. Chairman Roybal has done many years of outstanding work under Congressman Pepper and it was a very easy, natural step into the chairmanship, and thank him for authorizing these hearings today.

One of the things that we are looking into and that is the reauthorization of the Older Americans Act. This piece of legislation will be considered by Congress in the near future and I say in the near future because with the congressional schedule we have going, we're not really sure when things are coming up.

I'm delighted that the senior citizens and the administrators and the service providers from our area who have very significant input to this process are going to be here to testify today.

This bill was first passed in 1965, the Older Americans Act established a comprehensive program to improve the lives of our senior

citizens. We have reauthorized this act nine times in a continuing effort to meet special needs of older adults in its 19 years of history.

It has created realistic alternatives for older people who wish to avoid unnecessary and costly institutionalization. It's matured into a coordinated system of services that fill the needs of many of our older people in their own communities; senior citizens centers, nutrition programs, homebound delivery of meals, employment program that provides community services opportunities for low-income older individuals.

The act also finances research, training, and demonstration programs designed to promote better methods of meeting the needs of our senior citizens.

Many of these programs help to end the isolation that might otherwise be felt by our senior citizens and I think this is a very important factor. Congregate meal sites provide a place for people to get together for warm fellowship which is important to all of us.

Other essential services such as transportation, home health care, homemaker services, friendly visitation, and telephone reassurance help older adults maintain their independent lifestyle and most important to maintain their dignity.

One of the strengths of the Older Americans Act Programs has been in giving State and local decisionmakers the ability to determine how to best deliver these services in their State and localities. The needs of our older citizens are generally different in each community and local people are in a better position to judge the real needs of their own areas.

The Older Americans Act is one federally supported program that in my estimation works extremely well. It must also be viewed as a cost-effective program since it helps older people remain self-sufficient and rely heavily upon volunteers.

In this day and age, that word "volunteers" is one that we're hearing more and more frequently. More important, however, it contributes to the preservation, the personal dignity, and the independence of older people that we cannot measure in dollars and cents.

As our senior population continues to grow, as it is, the Older Americans Act must also grow and change in order to continue to meet the needs of our elders. The purpose of this hearing today is to gather information from Marylanders on ways to improve the act and to determine the needs of our elderly and to determine whether those needs are being met.

We are very fortunate today to have a distinguished panel of witnesses who I'm sure will give us many valuable insights into the act. I would also encourage members of the audience to share their comments at the conclusion of the hearing when an open microphone will be provided for that purpose.

Comment sheets have also been made available to you in case we do not have enough time to hear from everyone who might want to make a contribution. I am looking forward to the testimony today and know that it will be important in our upcoming deliberations.

I'm going to turn the microphone over to my colleague, Congressman Daub for any comments that he wishes to make at this time and then we will proceed with the first panel.

[Prepared statement of Representative Byron follows:]

PREPARED STATEMENT OF REPRESENTATIVE BEVERLY B. BYRON

It is a distinct pleasure to convene this hearing, and I want to thank all of you for joining us today. I wish to express my special thanks to Chairman Roybal for granting my request to conduct this hearing to examine the issues surrounding the upcoming reauthorization of the Older Americans Act. This important piece of legislation will be considered by Congress in the very near future, and I am delighted that senior citizens, administrators, and service providers from our area will have a significant voice in this process.

First passed in 1965, the Older Americans Act established a comprehensive program to improve the lives of senior citizens. Since that time, the act has been reauthorized nine times in a continuing effort to meet the special needs of older adults. Over its nineteen year history, the act has created realistic alternatives for older persons who wish to avoid unnecessary and costly institutionalization. It has matured into a coordinated system of services that fill the needs of older people in their own communities--senior centers and nutrition programs, home-bound delivered meals for the homebound and an employment program that provides community services opportunities for low-income older individuals. The act also finances research, training, and demonstration programs designed to promote better methods of meeting the needs of our senior citizens.

Many of these programs help to end the isolation that might otherwise be felt by our senior citizens. The congregate meal sites provide a place for people to get together for the warm fellowship which is so important to all of us. Other essential services, such as transportation, home health care, homemaker services, friendly visitation, and telephone reassurance help older adults maintain their independent lifestyles and dignity.

One of the strengths of older American programs has been in giving State and local decisionmakers the ability to determine how best to deliver services in their States or localities. The needs of older citizens are generally different in each community, and local people are in a better position to judge the real needs of their own areas.

The Older Americans Act is one federally supported program that works well. It must also be viewed as a cost-effective program since it helps older people remain self-sufficient and relies heavily upon volunteers. More importantly, however, its contribution to preserving the personal dignity and independence of older persons cannot be measured in dollars and cents.

As our senior population continues to grow, the Older Americans Act must also grow and change in order to continue to meet the needs of our elders. The purpose of this hearing is to gather information from Marylanders on ways to improve the act and to determine if the needs of our elderly are being met.

We have a distinguished panel of witnesses here today who, I am sure, will give us many valuable insights into the act. I would also encourage members of the audience to share their comments at the conclusion of the hearing when an open microphone will be provided for that purpose. Comment sheets have also been made available to you in case we do not have enough time to hear from everyone who might want to make a contribution.

I look forward to the testimony today and know that it will be important in our upcoming deliberations.

## STATEMENT OF REPRESENTATIVE HAL DAUB

Mr. DAUB. I want to thank the gentlelady for her kind words and preliminary remarks that she made about my presence here today. Indeed, she stated accurately my conversation, ladies and gentlemen, I said that I felt like I was home.

My district in Omaha, NE, is of course substantially the big city of Omaha but 4⅓ of my 5 counties are rural and farm and the only thing that I wish we had more of than we do are the trees, the beautiful trees that I drive through as I come here to this community setting.

So, I'm glad to be on a community college campus for this hearing today. We have some of those same kinds of settings in our district. We have the second largest number of elderly per thousand

in the country in the district where I live. Indeed, you can see why I enjoy serving with your Member in Congress on the Select Committee on Aging.

I know what a great job she does for you as well on the Interior Committee and on the Armed Services Committee with her particular interest, I know, in jobs and helping those who have particularly difficult and disadvantaged circumstances.

I want to thank you, Madam Chairman, and applaud your efforts for bringing the Select Committee on Aging to Maryland today for these hearings. You have been an extremely hard-working member and a dedicated member of this committee in Washington and it's a testament to your dedication to the needs of older Americans that you have brought this Aging Committee hearing to your district this morning.

In my opinion, these field hearings perform a very important function for our full committee. We hear from Federal bureaucrats and various interest groups which populate our Nation's Capital all the time. I call them the beltway bandits, you know, they sit around back there and tell us what we really are supposed to be doing.

But I believe it's far more important, far more important for us as Members of Congress, to listen to what the folks back home have to say, the beneficiaries and the deliverers and the providers, those people on the firing line that we have to deal with every day, they're going to give us a better feel for how the programs work and what we should be doing.

I brought the Aging Committee to my home State of Nebraska last year so that the committee could hear firsthand the view of older Nebraskans on medicare and other health programs and in 1982, I brought the committee to Omaha, NE, to hear testimony on special problems that were faced by older women.

It's you folks that are here today, those involved in the day-to-day administration of these programs and those of you who are beneficiaries and recipients who are in the best position to tell Congress what is working and what needs still to be done.

Congress must reauthorize, as our Chairwoman said today, the Older Americans Act in 1984, and I strongly support its extension. In its nearly 20-year history, it's grown from a $6.5 million program to nearly $1 billion in funding for fiscal 1984.

Over 600 area agencies on aging exist in our 50 States, including some 18 right here in your own State of Maryland and they reach out to older individuals to promote supportive services like transportation, legal services, in-home care, congregate and home-delivered meals, employment services, and other essential programs.

Quite simply, the Older Americans Act assist older individuals in leading secure, independent, and productive lives, but if older Americans and the Older Americans Act are to be successful, I believe that there has to be room for improvement as well.

If State and local governments are in the best position to determine State and local needs, how can we amend the act to give States and area agencies on aging greater flexibility to tailor programs to meet those needs?

If scarce public funds should be used to help those in need and those who need it most, how may we better target Older Americans

Act services to individuals in the greatest economic or social need circumstance?

If programs are more efficient when coordinated and integrated, how can title V senior employment programs be improved, and if the private and voluntary sectors are to help supplement taxpayer-funded services, what techniques should we use to better mobilize these private sector resources?

Madam Chairman, I look forward to these hearings and from your witnesses today on these and other issues. I can assure you, and I want to assure those who will testify, that your opinions will greatly assist the Congress as we reauthorize this landmark piece of legislation.

Together we can work to make a good program even better. So I want to personally thank you again for asking me to attend with you and I'm anxious to listen to the views of our witnesses.

[The prepared statement of Mr. Daub follows:]

PREPARED STATEMENT OF REPRESENTATIVE HAL DAUB

Thank you, Madam Chairman. I want to applaud you for bringing the Select Committee on Aging to Maryland today for these hearings. You have been an extremely hard-working and dedicated Member of this Committee in Washington, and it is a testament to your dedication to the needs of older Americans that you have brought the Aging Committee to your district this morning.

In my opinion, these field hearings perform a very important function for the Committee. We hear from federal bureaucrats and various interest groups which populate our nation's capital all the time. But I believe it is far more important for us, as Members of Congress, to listen to what people back home have to say.

I brought the Aging Committee to my home state of Nebraska last year, so that the Committee could hear first-hand the views of older Nebraskans on Medicare and other health programs. In 1982, the Committee came to Omaha to hear testimony on the special problems faced by older women.

It is you folks here today, those involved in the day-to-day administration of these programs, and those of you who are beneficiaries and recipients who are in the best position to tell the Congress what is working, and what needs to be done.

Congress must reauthorize the Older Americans Act in 1984, and I strongly support its extension. In its nearly 20 year history, Older Americans Act funding has grown from $6.5 million in Fiscal Year 1966, to nearly $1 billion in Fiscal Year 1984. Over 600 area agencies on aging in all 50 states, including 18 here in your own state of Maryland reach out to older individuals to provide supportive services, like transportation, legal services and in-home care, congregate and home-delivered meals, employment services and other essential programs. Quite simply, the Older Americans Act assists older individuals in leading secure, independent, and productive lives. But if the Older Americans Act is a success, I believe there is room for improvement, as well.

If state and local governments are in the best position to determine state and local needs, how can we amend the Act to give states and area agencies on aging greater flexibility to tailor programs to meet those needs?

If scarce public funds should be used to help those who need it most, how may be better target Older Americans Act services to individuals in greatest economic or social need?

If programs are more efficient when coordinated and integrated, how can the Title V senior employment program be improved?

And if the private and voluntary sectors are to help supplement taxpayer-funded services, what techniques should we use to better mobilize these private sector resources?

Madam Chairman, I look forward to hearing from our witnesses today on these and other issues. I can assure those who will testify that your opinions will greatly assist the Congress as we reauthorize this landmark legislation.

Together, we can work to make a good program even better.

Thank you.

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Ms. BYRON. Thank you very much. Let me, for the benefit of those that are here, go into a little bit of the Older Americans Act funding levels in Maryland because I think we have done extremely well on the funding program.

Maryland's fiscal year 1985 budget's share of the Older Americans Act's Program in title III for grants for State and community programs on aging is $10 million. In title V, the Senior Community Service Employment Program is almost $4½ million.

So out of the national level and out of the total funding package, we have really received a good percentage and I think——

Mr. DAUB. How do you do that?

Ms. BYRON. Well, we work harder. We have good people administering good programs and when the grant time comes, we have done our homework.

Mr. DAUB. You do that well.

Ms. BYRON. So, I think that's an important factor to listen to and also for the people that are administering the programs to realize that where they think their funding levels are tight at times and the constraints are tough, we do very well nationally when you look at many of the other States.

Having said that, I think we should go ahead and go into the first witness, and I'm going to go a little bit out of order because Pat Throne, who has been a tremendous resource to me in Frederick County, my home county, and on the commission for aging, I know she has to leave early and so I'm going to take her a little bit out of order.

It isn't because she's going home and stay home. She has to leave early because she's going back to participate in a local health fair that is going on today to address the issues that I think many of our aging are concerned with.

So, Pat, would you come forward and give your testimony here first?

## STATEMENT OF PATRICIA B. THRONE, DIRECTOR, FREDERICK COUNTY COMMISSION ON AGING, FREDERICK, MD

Mrs. THRONE. Thank you for that consideration. Chairman and members of the committee, I'm Patricia Throne, director of the Frederick County Commission on Aging.

Ms. BYRON. Before you go ahead, let me say that Pat is not new to this business. She has been the director of the Frederick County Commission on Aging since 1965, so I think she comes with a great deal of background and knowledge, experience in battles that have been fought.

Mrs. THRONE. I have submitted our written testimony and so that tells all the statistics and the other things that I believe will be of interest to your committee. So I would like just to share with some of our concerns in Frederick County.

I suppose I do not run the usual race of directors of area agencies. Frederick County has been unique and you wondered how we use the allocations from the Older Americans Act. We're very conservative in Frederick County.

The Commission on Aging is the designated area agency and we have tried very hard to maximize the resources that are given to

us, both federally and State and locally and tried not to build any large administrative body known as the area agency.

First of all, Frederick County is a rural county and we have tried very hard to adapt this program to the needs of the older citizens who seem to be very reluctant and unsure of anything "Government." So we have had to work doubly hard to convince the older people that it is their program. We built from the grassroots because it's their program and while the seniors give heart to the services that we perform, of course we do need the muscle and the tissue to build the skeleton and all the needs for it and that comes from the Older Americans Act allocation.

We believe that the act should continue to provide a flexibility to allow the local citizens to determine their own policy and if it were not for the good cooperation of the local county government and local municipalities and most of all, the contributions, volunteer service to the programs, we could not exist.

Now, that funds have developed all of the things that you've spoken about I'm not going to go over them again because I think we provide everything that is stated in the Act, some to a lesser degree, some to a larger degree.

We have felt that in-home services was a priority need and continues to be. We hope that it's not designated as—just long-term care, because we know that there are functional individuals out there who enjoy all the amenities of the senior centers and nutritional programs, legal and all the other services.

So we have taken that money and tried to pass it through to the already local designated agencies to maximize the resource and as I said, this is not always the philosophy, but we believe that we should be working very hard to integrate all services, even though we are charged with a particular sensitivity and understanding of the older citizens.

The health departments, the social service departments, the geriatric evaluation services need strengthening and support if they are going to continue to give home services. Right now in Frederick County, they need daily homemaker service, daily health aides. We can't possibly do it with the decreased funding in other areas.

We take the Older American title III money and pass it through so that we can give what we think are priority needs. We have a strong corps of volunteerism in Frederick County which gives an opportunity for the retired person to give his expertise and his worth, because as you know, we're pleased with the Senior Aide Program and the Green Thumb Program and that does give employment to those of the lowest income.

But there are many retired persons out there who are looking for something to do. We use them in our senior centers, in our congregate eating programs. I do hope that these will continue to be a flexibility of transfer of funds from the title III-C (1) and (2).

We have adequate funds in Frederick County to provide food. No one is waiting for our congregate programs. We are increasing the congregate programs and the home-delivered meals but we are short on title III-B funds which give supportive service.

In the rural areas, transportation is always one of the biggest problems and it is very costly, so I would hope that in the Reauthorization Act that transportation services, to the nutritional sites

and the other senior centers, would give us more flexibility to use some of that title III-B moneys.

I would also hope that the title III or the Older Americans Act would never demand a means test. That has been the beauty of the program, that we can provide services to people age 60 and their spouse of any age and we do not ask for a means test.

If we ever do that, we will destroy what was already started with the Older Americans Act. Now, I agree that those of the greatest need, both socially and economically should be served. We should work the very hardest to see that their needs are met first. We do reach out in every effort to make these services accessible to the older citizens, even though some of them are resisting because of their distinct dignity and pride of not wanting to take anymore funds than they have to.

So I would urge the reauthorization of the act with flexibility and particularly emphasis for those older citizens with the greatest need.

[The prepared statement of Mrs. Throne follows:]

PREPARED STATEMENT OF PATRICIA B. THRONE, DIRECTOR, FREDERICK COUNTY COMMISSION ON AGING

The Frederick County Commission on Aging serves as the Area Agency on Aging coordinating the efforts of organizations, individuals and governmental agencies concerned with the well-being of the older citizens. Of the total population of 114,792, there are 14,428 persons over the age of sixty on whose behalf we advocate positive action by the community. It is safe to estimate that we serve 25% of the over 60 with programs of the Older Americans Act and probably influence in some way a greater percentage.

With advocacy the first responsibility, the second important one is providing correct and up-to-date information. The Information and Referral service, which is also known as Gateway I, assists the older citizen in fully utilizing existing services and community resources by identifying the type of assistance needed, placing them in contact with appropriate services and following up to assure that services are received. The majority of inquiries pertain to housing, transportation, in-home services and fuel assistance.

The area agency has established Senior Citizens Centers in the large population areas of Frederick County. The centers in Brunswick, Emmitsburg and Thurmont are open five days a week and also serve a congregate meal. The Senior Fellowship Center in Frederick City is open seven days serving as a multipurpose center with two meals per day, noon and 4:30, and is also open on all holidays. With the centers serving as the area's focal points of service, there are 11 other nutritional programs throughout all sections of the county serving one to two and three days per week giving the senior citizens the opportunity to socialize in their own community.

Transportation services are routed to the southern and eastern sections to provide nutrition and other related activities to the minority and isolated persons. According to the 1980 census, those areas have a large population over 75 years of age with limited income. The Frederick County census indicates there are 12% of the over sixty considered in the poverty level and 5% minority. A whole range of services are offered such as home delivered meals, shopping and escort service, telephone reassurance, friendly visiting, counseling, educational and secretarial opportunities.

It has been the policy of the Frederick County Commission on Aging to integrate programs and services with existing agencies so designated. The area agency only provides services that are not already provided. In that light we provide Title III B monies to the homemaker services of the Department of Social Services and the home health program of the Health Department. We also work closely with the Geriatric Evaluation services of the Health Department. With this close cooperation, we try to make every effort to maximize the community resources to prevent unnecessary institutionalization. Regular blood pressure testing is provided along with hearing and sight testing, diabetes and other available health screening programs. Ombudsman service for nursing home patients and their families is available to assure the best possible nursing home care.

Title IIIB money was the impetus to develop the weatherization and home repair program in Frederick County which has assisted many of the elderly citizens.

Counseling for employment of the older persons is provided in cooperation with the Job Training program. There are five Senior Aides and six persons with the Green Thumb program.

It is evident that all the above services would not be possible to the extent they are without the financial assistance from the Older Americans Act allocations. Frederick County is proud of its local government's assistance as well as the community support and the high level of participant contributions. In the future writing of the regulations for Title III, it would be most helpful if there were adequate funds allotted in the supportive services of Title III B. For an example, there are limited funds for transportation which are needed for the Title IIIC nutritional services.

It is recommended that Congress should support and expand the current flexibility given the state and area agencies in determining allocation of resources to services. It is also recommended that resources be targeted to those older persons with special needs—minority, low income, rural, and persons with functional impairments—but not limited to just those mentioned above. Title III should continue to serve state and community programs for persons 60 years and over in order to provide a wide range of services that support adequate income, health and social needs that assure dignity and well-being of our older citizens.

Ms. BYRON. Do you think there needs to be more flexibility?

Mrs. THRONE. I think there should be more, yes, between the title III-B and C (1) and C(2) to adapt to our local needs because I think we can see where they are and I hope we're responsible for that.

Ms. BYRON. The argument that we will always hear when we try to adapt for more flexibility on the local level is that they will be blatant in areas where it is not used to its best——

Mrs. THRONE. I know and that is always a possibility.

Ms. BYRON [continuing]. And which you're well aware of and yet I couldn't agree with you more on your statement that the local level is the area which can see the needs and see the flexibility and utilization of the flexibility clause.

Mrs. THRONE. We're each a little different with our rural problems.

Ms. BYRON. What happens when legislation is written nationally, we're talking about Frederick County, MD, and we're talking about Frederick County, TX, we're talking about Frederick County, ID, and Frederick County, FL.

Mr. DAUB. And Frederick County, NE.

Ms. BYRON. And Frederick County, NE, Frederick County, PA, and so what happens is it is structured so to have the guidelines I think sometimes are too stringent because I think you need the flexibility.

For example, we haven't touched on the fuel assistance but when you write fuel assistance and the horror stories that come out, fuel assistance to those in the Sun Belt versus those of the real need—well, in my district, for example, in Allegany and Garrett County, which just in looking at the State of Maryland you don't find the fuel assistance necessary to the magnitude on the Eastern Shore as you do in western Maryland.

So, I think we need to have the flexibility in the legislation.

Mrs. THRONE. Well, I don't think we should have carte blanche, that we're just saying no to limitations and I think that you have given us some flexibility. I would just urge that we keep the flexi-

bility and maybe just a little more between some of these programs.

Mr. DAUB. Well, I appreciate your testimony very much and right now, you know, your flexibility is measured by a 20-percent factor. Now, would you say 25 or 30?

Mrs. THRONE. I would think 30 would be a maximum.

Mr. DAUB. That's underway now, I mean we're thinking about that seriously. It's supportive testimony like you're giving that helps us get that done, too, and I have to agree with you.

Mrs. THRONE. I'm particularly concerned about transportation because if we cannot use transportation money from title III–C, for transporting people; we cannot utilize adequately your title III–C (1) and (2) moneys and then you'll wonder why we aren't able to use them, simply because we cannot transport the people into the nutrition sites.

Mr. DAUB. Well, you can be penny wise and pound foolish, too. When you have an agency operation that is delivering services, particularly in a rural area, and the overhead is already there for that operation but there are a number of people that for a very marginally less money could also be availed of those services and yet not have, for example, transportation or sometimes other kinds of services, you don't have the flexibility that you need and you could extend the outreach of that program a lot more if you had just a choice.

Now that might mean you'd decide not to spend the money somewhere else but that ought to be the local agency's choice.

Mrs. THRONE. I know, we always have difficulty, of how each one of us is going to spend money. I just shared with the group that I'm very conservative and tightfisted with the use of money, especially of tax dollars.

Mr. DAUB. Well, you have to be in this business and I commend you for that and it's difficult.

Let me ask you a couple of other questions very quickly. You mentioned volunteer services for the elderly. How do you in your agency mobilize and recruit volunteers and what kind of work do they do, briefly?

Mrs. THRONE. How do we mobilize them? We send out the request that we have need of someone to serve at the congregate programs and—that's the only way we can continue the program. People like to be needed and they want to help so they respond.

In fact, most of those older people—do not want to be known as a participant. Because of the pride they want to serve, they don't want to be served. When I put in the newspaper or in our newsletter that we need drivers because I don't have enough money and we do pay mileage for those people who will transport at least two or more on a regular basis and for the Meals-on-Wheels Program, they do respond.

All you have to do is announce there is a need. I find volunteers will come forward if they know that they are trained and fully utilized where needed. It's when you bring in volunteers and you don't give them a specific duty and they don't think that they are worth anything that you lose them.

Our volunteers are recruited through a need and word-of-mouth and we do get them.

Ms. BYRON. Are you meeting that need with the number of volunteers?

Mrs. THRONE. We always need more, because your volunteers either get sick or do not particularly like to drive and they would like some other duties, so we always are recruiting volunteers. People wonder in Frederick County why we have so many and it's because there is a definite need.

As soon as we start to hire someone, the volunteers get a little upset and their noses out of joint because they feel they haven't been doing their jobs. I have to balance this very carefully.

Mr. DAUB. I have one last question. Who pays for the various health-screening programs that are available such as blood pressure screening or are these contributed by volunteers?

Mrs. THRONE. They are contributed by volunteers and we did have a hearing screening that was very successful by a grant through an Easter Seal treatment center but that grant dried up. There again, we're facing the fact that when we have all these little grants coming you never know when they will dry up.

But, do you know that after the local optometrist and ophthalmologist and audiologist have come forward and said, "We will help."

Mr. DAUB. Thank you very much, Mrs. Throne, I appreciate your testimony.

Ms. BYRON. Thank you very much, I appreciate your coming over today.

We will next have the panel that is listed. Sara Barron, Mary Cutsail, both are senior citizen representatives, and Herbert Logsdon, chairman of the Maryland State Legislative Committee, American Association of Retired People.

Mary Cutsail participates actively in title V, Community Service Employment Program; Sara Barron has been active in the Volunteers in the field of aging for the past 11 years, received the National Award for Voluntarism in 1982, helped to establish the Waxter Senior Citizens Center in Baltimore which is one of the shining lights of the senior citizen center of our program and one of the first council members of the center and a member of the Committee of Legislative Work at the Northwestern Waxter Senior Citizens, and in Maryland Advocates for Aging.

Mr. Logsdon is chairman of the Maryland State Legislative Committee and retired educator. I welcome you all today and if Mrs. Barron wants to start, we will let you go first with your testimony.

Mr. Logsdon, do you want to start with your testimony? Go right ahead.

**STATEMENT OF HERBERT LOGSDON, CHAIRMAN, MARYLAND STATE LEGISLATIVE COMMITTEE, AMERICAN ASSOCIATION OF RETIRED PERSONS**

Mr. LOGSDON. Congresswoman Byron, Congressman Daub, ladies and gentlemen.

The American Association of Retired Persons welcomes the opportunity to testify at your hearing on the reauthorization of the Older Americans Act. I am Herbert Logsdon, AARP, State legislative committee chairman for Maryland.

The association wants to emphasize its strong support for the Older Americans Act. The longer statement we have submitted to the records comprehensively details our views on reauthorization, but today I will mention just a few key points.

For the years, the Older Americans Act has served the elderly and our Nation as well. AARP strongly believes that the legislation should be extended for at least 3 years. This would enable service providers and others to make long-range plans and to chart out their activities more effectively.

Moreover, it would still allow appropriate congressional committees to perform oversight responsibilities in reviewing the legislation.

AARP favors early action on the Older Americans Act reauthorization legislation. This is necessary to provide funding through the regular appropriations process rather than relying on continued resolutions. We would like to have a bill signed into law by May. Otherwise, there is a risk that the reauthorization measure could become snagged in a legislative logjam during the summer because of the Democratic and Republican Conventions.

In order to move the reauthorization bill quickly, it will be necessary for the Congress to approve a measure which does not include controversial provisions. For this reason, the association urges that the bill include primarily fine-tuning changes.

However, the association supports strengthening language for title IV to clarify the scope and purpose of research, training, and demonstrations and strengthening language for increased participation by minorities in all Older Americans Act programs.

Funding authorizations for Older Americans Act programs should be increased to take into account projected future inflation and to offset cuts imposed in 1981. The association favors an 8-percent across-the-board increase over current year spendings for most programs.

One exception is the title IV, Research, Training, and Demonstration Programs for which the association advocates a larger increase in funds to offset severe cuts over the past few years.

In 1980, the program was funded at $54.3 million. It is now funded at $22.2 million. The administration by contrast has proposed slashing the program further to $5 million. Action, the association believes, would in effect destroy it altogether.

The association opposes administration proposals to consolidate title III supportive services, senior centers, and nutrition into a single grant to the States as this would reduce the visibility of the program and likely to lead to reduced funding.

AARP also called for the establishment of the Administration on Aging as an Office on Aging under the direction of an assistant secretary on aging, to increase the clout of the Federal aging advocate.

Finally, AARP favors retention of the title V, Senior Community Services Employment Program in the Department of Labor because title V is an employment program. The administration's fiscal year 1985 budget calls for a dual administration of title V between the Department of Labor and Health and Human Services Department.

There are signs that the administration is shifting its position on this issue but this has not been confirmed. There are several bills now under consideration to reauthorize the OAA, including variations on the above issues.

One new proposal embodied in legislation introduced by Congressman Ike Andrews, Democrat of South Carolina, would add health education and training to the services already provided to older persons who participate in senior citizen centers.

The association believes this proposal has a great deal of merit. We support the addition or expansion of such activities so long as the program monies allocated for them do not diminish appropriations for services currently provided under the act.

In conclusion, AARP reaffirms its support for reauthorization of the Older Americans Act. We further urge prompt action on this important legislation for elderly persons and their families.

We recommend that a bill be sent to the President by early May. We sincerely believe that this objective can be obtained with appropriate planning and the continuing bipartisan support from the Congress which has been a hallmark of the Older Americans Act through its history.

Finally, the association urges the Congress to accept our proposals. These proposals are much needed. They are realistic and they will help to improve the Older Americans Act for the elderly and our Nation. Thank you.

[The prepared statement of Mr. Logsdon follows:]

PREPARED STATEMENT OF HERBERT LOGSDON, CHAIRMAN, MARYLAND STATE LEGISLATIVE COMMITTEE, AMERICAN ASSOCIATION OF RETIRED PERSONS

The American Association of Retired Persons welcomes the opportunity to testify at your hearing on the reauthorization of the Older Americans Act. I am Herbert Logsdon, Chairman of the Maryland State Legislative Committee.

At the outset, the Association wants to emphasize its strong support for the Older Americans Act.

Today, many elderly persons are able to live independently in their own homes because of the services provided under the Older Americans Act. Homemaker, home health, friendly visitor, chore, and telephone reassurance calls have not only helped older persons psychologically but have also enabled them to remain in their homes, rather than being placed in a nursing home at a higher public cost.

The nutrition program has been one of the most successful and popular programs under the Older Americans Act. Approximately 700,000 meals were served daily during fiscal year 1982, including 508,000 at congregate meals sites and 190,000 home-delivered meals for elderly shut-ins. This program not only delivers nutritious meals for older persons at a price within their reach but also provides an opportunity for the elderly to meet and talk with others. This socialization function can be as important as the meal itself, especially for lonely and isolated older Americans.

Title IV research, training and demonstrations have served several essential functions for the Older Americans Act. Research projects have provided vital information to develop sound public policies. Career-type training has prepared gerontology students for numerous positions in the field of aging—as managers of housing for the elderly, program administrators for national aging organizations, governmental analysts and a variety of roles elsewhere. Demonstrations have produced major innovations for the Older Americans Act and other programs including the nutrition program for the elderly, Foster Grandparents, and educational television. AARP's Legal Counsel for the Elderly program has made effective use of retired volunteer attorneys to provide protective services for incapable, isolated older persons.

Finally, the Title V Senior Community Service Employment Program (SCSEP) has enabled low-income older Americans to help themselves while helping others in their communities at the same time.

### A. EXTENSION OF THE OLDER AMERICANS ACT

Over the years, the Older Americans Act has served the elderly and our nation well. AARP strongly believes that the legislation should be extended for at least three years. This would enable service providers and others to make long-range plans and to chart out their activities more effectively. Moreover, it would still allow appropriate congressional committees to perform oversight responsibilities in reviewing the legislation.

### B. FINE-TUNING CHANGES

AARP favors early action on the Older Americans Act reauthorization legislation. This is necessary to provide funding through the regular appropriations process, rather than relying on a continuing resolution. We would like to have a bill signed into law by May. Otherwise, there is a risk that the reauthorization measure could become snagged in a legislative logjam during the summer because of Democratic and Republican conventions.

In order to move the reauthorization bill quickly, it will be necessary for the Congress to approve a measure which does not include controversial provisions. For this reason, the Association urges that the bill include primarily fine-tuning changes. However, the Association supports strengthening language for Title IV to clarify the scope and purpose of research, training, and demonstrations and strengthening language for increased participation by minorities in all Older Americans Act programs.

### C. INCREASED AUTHORIZATIONS

Funding authorizations for Older Americans Act programs should be increased to take into account projected future inflation and to offset cuts imposed in 1981. In fiscal year 1981, the Older Americans Act programs under the direction of the Administration on Aging (AoA) were funded at $683.8 million.[1]

The recently enacted Fiscal Year 1984 Labor, Health and Human Services and Education Appropriations Act provides $674.2 million for AoA-related activities under the Older Americans Act. AARP believes that authorized funding should be at least restored to the fiscal year 1981 levels for existing programs.

### D. ELEVATE AOA

The Older Americans Act and subsequent amendments make it clear that Congress intended that AoA should be a highly visible and strong advocate for the aged. However, AoA is currently a subunit along with several other agencies (such as the Administration on Children, Youth, and Families or the Administration on Developmental Disabilities), within the Office of Human Development Services at the Department of Health and Human Services.

The net impact is that AoA has not fulfilled this role because of its lower level status in the HHS organizational structure. We strongly believe that the aging agenda should be elevated within HHS and should be placed under the direction of a high level advocate with the clout to represent the interests of all older Americans. To accomplish this objective, an Assistant Secretary on Aging should be created to administer the Older Americans Act and to represent the interests of the elderly on subjects impacting on them.

### E. SERVING MINORITIES MORE EQUITABLY

AARP generally supports fine-tuning changes for the reauthorization of the Older Americans Act. However, the Association urges that stronger language should be incorporated in Title III to promote increased participation by aged minorities in services programs. Older minorities receive about 18 percent of services under Title III of the Older Americans Act. But, their participation rate is nearly twice that level in the Title V Senior Community Service Employment Program (SCSEP), in large part because the SCSEP has more powerful language for serving older minorities. In fact, aged minorities constitute about 33 percent of all Title V enrollees.

AARP believes that the Older Americans Act should state affirmatively that older minorities are a priority group for receiving services. Moreover, they should be served on the basis of their need for services.

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[1] This is before Congress enacted rescissions and passed the 1981 Omnibus Budget Reconciliation Act (Public Law 97-35)

The Association is opposed to maintaining the status quo because the existing standard—based on "greatest economic or social needs"—has not worked. It is too ambiguous and is simply too easy to circumvent. For these reasons, we recommend that the "greatest economic or social needs" test be dropped and be replaced with more precise language which make it clear that minorities are a priority group for receiving services under the Older Americans Act.

Additionally, the Association urges that the Older American Act should require federal, state and local offices on Aging to take affirmative steps to promote opportunities for minority employment, training and contracts. The aging services network, we firmly believe, will be more effective in responding to the special problems and challenges confronting older minorities if more minorities are employed in decision-making positions and as service providers or contractors. For example, services providers should be encouraged to hire more bilingual personnel to serve limited-English-speaking older persons, especially in areas with higher concentrations of aged Hispanics or Pacific/Asians.

We further recommend that a unit should be established within AoA to monitor the implementation of these provisions, as well as the affirmative action goals established under these measures. This unit would also provide technical assistance to groups and governmental agencies to comply with these provisions.

Finally, the Cranston Amendment (formerly section 404(a)(6) of the Older Americans Act, as amended in 1978) should be reinstated to promote the training of minority group individuals. This is essential to encourage more minorities to enter the field of aging because there is a dearth of adequately trained minority professionals and paraprofessionals in gerontology.

### F. CONTINUE LEGAL SERVICES AS A PRIORITY SERVICE

Legal services programs should be continued as a mandated priority service under Title III of the Older Americans Act. Current language (section 306(a)(2)) provides that area agencies on aging shall provide assurances that an "adequate proportion" of Title III-B funds be allocated for three types of priority services—legal, access, and in-home services. Additionally, the Act directs area agencies to spend "some funds" on each priority service. The meaning of "some funds" is nebulous and leaves mucy to interpretation. Many area agencies simply allocate only nominal amounts for legal services, and some provide nothing at all.

AARP supports stronger language to assure, in fact, that "adequate" funding is available for legal services. We recommend that the current provision requiring the funding of legal services, in the absence of a waiver, be strengthened and made more complete. Specifically, we urge that an area agency's request for a waiver should be based upon a public hearing in which all interested parties are given an opportunity to appear and present testimony. The record of this hearing should accompany an area agency's request for a wavier from the state office on aging.

This is crucial because legal services—perhaps more than any other service under the Older Americans Act—can be subject to outside political pressures. Government agencies may urge area agencies on aging not to fund legal services because they do not want to be sued. Low-income older Americans are not as inclined to challenge a bureaucracy for an erroneous or illegal decision when legal services attorneys are not available. The power structure in localities may also apply pressure to area agencies on aging. Powerful interest groups within a community clearly have an advantage in a legal dispute with a low- or moderate-income older person who cannot afford a private attorney or obtain the service of a legal services lawyer.

Today many older Americans are in an impossible situation when a legal dispute arises. The moderate-income elderly frequently experience the greatest difficulty. They cannot affort to pay a private attorney $75 to $125 an hour or whatever the going rate is. Yet, they have too much income to qualify for legal services.

In far too many cases, they must accept injustice because they cannot obtain an informed legal opinion. Some experts estimate that perhaps six out of seven persons in the United States cannot afford a lawyer if they have a complex legal problem requiring a substantial expenditure of time. Reasonable persons may disagree about the proportion of persons in this dilemma. However, there is no doubt that millions of individuals—especially older persons who are living on more limited incomes—are simply priced out of the market if they have more than just a routing legal problem.

Moreover, many attorneys today do not have adequate legal training to represent older Americans effectively concerning issues directly affecting them: Social Security, Medicare, Supplemental Security Income, and others. Law schools have usually developed a curriculum focusing on the traditional attorney-client relationship with

little or no attention to the legal needs of older Americans. Fortunately, this is changing at some institutions- in part because earlier AoA-funded legal services programs have sensitized law schools to the needs of older clients.

Many so-called legal problems of the elderly—such as understanding entitlement conditions for federal benefit programs—do not require the services of an attorney. They can be handled as easily—and in many cases more effectively—by a paralegal who can provide an easy-to-understand non-technical explanation for an older person. AoA legal services and demonstration programs have helped to promote the use of paralegals and other innovative methods to deliver legal services more effectively and economically to older persons. These activities should be continued.

Information is not currently available to measure accurately the extent of government-funded legal services for older persons. This, of course, makes it difficult to assess the impact of legal services, as well as the unmet need. The lack of accurate data is attributed in large part to inconsistent reporting systems used by the Administration on Aging and the Legal Services Corporation.

This has also created a needless burden for legal services projects that must comply with different and often contradictory reporting requirements. Nearly three-quarters of the legal services programs funded under Title III also receive financial support from the Legal Services Corporation. For this reason, we urge that area agencies be required to use reporting requirements that are consistent with those used by the Legal Services Corporation.

Many area agencies are requiring legal services grantees to disclose the name, address, and other information about the clients served with Title III funds. This is a violation of the attorney-client privilege mandated by the Code of Professional Responsibility unless a client gives a knowing and voluntary consent. The net impact is that legal services providers are reluctant to contract with area agencies.

AARP recommends that area agencies should be prohibited from requiring legal services grantees to provide information revealing the identity of their clients. This is *not* intended to prevent area agencies from collecting information necessary for their oversight, planning or needs assessments duties. This information, though, can be easily obtained without revealing the names and addresses of the clients served.

### G. OPPOSITION TO CONSOLIDATION

AARP does not support a consolidated Title III. The Association favors separate authorizations for (1) supportive services and senior centers, (2) congregate meals, and (3) home-delivered meals. We fully recognize that a single authorization would make it easier for state and local offices on aging to submit funding plans. It would also provide great flexibility for offices on aging.

However, these "administrative convenience" arguments are outweighed by other considerations which, in our judgement, would impact negatively upon the elderly. First, separate authorizations for supportive services, congregate meals and home-delivered meals enable these programs to obtain greater visibility. This, in turn, has produced higher appropriations, especially for the nutrition program.

Second, there is already flexibility to shift funds under Title III. For example, 20 percent of the funding for the nutrition program for the elderly can be transferred to supportive services and senior centers and vice versa. Moreover, up to 15 percent of the nutrition appropriations can now be shifted between congregate meals and home-delivered meals. AoA approval is required if a larger percentage is needed.

In fact, there has already been a significant transfer of Title III funds. About $22.4 million was shifted from various accounts in fiscal year 1982. Activities that gained funds include state administration, $2.3 million; Title III-B supportive services and senior centers, $4.3 million; and home-delivered meals, $15.8 million. About $22.4 million was transferred from the congregate meals program.

Third, a consolidated Title III is more vulnerable to a block grant. This would almost assuredly produce less funding to services to older Americans. and especially aged minorities. For example, only a tiny fraction of revenue sharing funds have been utilized for services for the elderly.

### H. TITLE IV RESEARCH, TRAINING, AND DEMONSTRATIONS

Our number one goal for the Title IV research, training and demonstrations program is to obtain more adequate funding for these activities. Title IV appropriations have been cut sharply in recent years, from $54.3 million in fiscal year 1980 to $22.2 million in fiscal year 1983. Adequate funding and stronger language are essential for Title IV to fulfill its mission.

Authorized funding for Title IV should be increased in increments so that funding is nearly equal to the fiscal year 1980 appropriation of $54.3 million. We suggest

that the Title IV authorization be raised to $40 million in fiscal year 1985, $45 million in 1986, and $50 million in 1987.

Title IV should be de-consolidated and separate program categories for research, education and training, and demonstrations should be restored. Moreover, the scope and purpose of each Title IV program should be described precisely and clearly. In addition, emphasis should be placed upon certain activities, such as expanded educational opportunities for minorities so that they can be placed in the field of aging.

AARP favors an outright prohibition on the commingling of Title IV discretionary funds with appropriations for other programs. Commingling reduces accountability for those overseeing aging programs and can create numerous problems. Title IV funds should be used for identifiable aging-related activities.

Dissemination and reporting requirements should also be strengthened. Title IV has produced important research and other work products. But all too often, these products gather dust because there is not adequate dissemination or reporting to alert practitioners in the field of aging and others about these activities. These goals can be achieved by requiring AoA to submit a detailed annual report to Congress describing Title IV activities, products, and plans.

### I. TITLE V SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM

Finally, AARP favors retaining the title V SCSEP in the Department of Labor rather than transferring it to the Department of Health and Human Services. The SCSEP has been evaluated independently on several occasions, and has always received high marks.

In its 1981 report on "Older Americans Act Programs," the Federal Council on the Aging gave a glowing assessment of Title V, saying:

> The Title V program of the Older Americans Act is effective in providing part-time public service employment to low-income persons and in keeping administrative expenses low. In addition, FCA finds that enrollees are making valuable contributions to the community through their services.

The 1981 Federal Council on the Aging also recommended that Title V should be continued and expanded in its present form.

Morgan Management Systems conducted a Title V study for the Federal Council on the Aging, entitled "An Evaluation of the Performance of the Senior Community Service Employment Program: Title V of the Older Americans Act." Sol Jacobson, a vice president for Morgan Management Systems, said, "The Senior Community Service Employment Program is the most effective program I have ever evaluated and in my opinion it should be retained and strengthened."

These points are equally compelling today. But, there are additional arguments for keeping Title V in the Department of Labor:

—The SCSEP is an employment program. The Department of Labor has more experience and expertise in administering employment programs than AoA.

—Supporters of shifting Title V to AoA have, in effect, a two-fold burden of proof. First, they must show that the program will operate more effectively and efficiently without causing great disruption. Second, they must demonstrate how this will occur. This case simply has not been made.

—Title V has been an extraordinarily effective program by any standard one would choose to use. It does not make sense to make a radical switch when the SCSEP has been so successful.

—The proposed transfer would be disruptive for all concerned: the older enrollees, the program administrators and the host agencies. Inevitably, shifts in funding would occur among states, which will force older persons to lose their jobs. Despite recent improvements in the overall employment picture, unemployment is at exceptionally high levels by historical standards for persons 55 or older.

AARP urges that Title V be retained in its present form. Additionally, the Association recommends that the authorization levels be fixed at a level to take into account higher costs—such as rising Social Security payroll taxes and worker's compensation costs—in the years ahead. Moreover, the authorizations should permit some growth in the SCSEP to enable more low-income older persons to participate in the program.

### J. CONCLUSION

AARP reaffirms its support for rauthorization of the Older Americans Act. We further urge prompt action on this important legislation for elderly persons and their families.

We recommend that a bill be sent to the President by early May. We sincerely believe that this objective can be obtained with appropriate planning and the continued bipartisan support from the Congress which has been a hallmark of the Older Americans Act throughout its history.

Finally, the Association urges the Congress to accept our proposals. These measures are much-needed. They are realistic And, they will help to improve the Older Americans Act for the elderly and our nation.

Ms. BYRON. Thank you very much, Mr. Logsdon.

Sara, do you have some remarks that you would like to deliver today?

## STATEMENT OF SARA BARRON, VICE PRESIDENT, NORTHWEST SENIOR CENTER, BALTIMORE, MD

Ms. BARRON. My name is Sara Barron. I'm from Baltimore City. I'm a vice president of the Northwest Senior Center. I'm also a member of the Waxler Center and I'm a volunteer from the day I retired. It'll be 12 years and I've been working with the senior centers and people under the Older American Act on the needs of the elderly people and their improvements.

More people have been retiring a lot because of economic conditions, because plants were closed. Lots of people have retired of illness and a lot of people are going to keep on retiring as the age goes. So we've not lost as many people that died as people have retired.

Therefore, as a volunteer, as one of the leaders of the buddy system that has been established in Baltimore, and I think you gentlemen, Congressmen, should listen, what has been going on among the elderly people and what came up here today to speak to you is to see what can be done to relieve some of the situations.

Now in Baltimore City, the work has been done through the Commission of Aging and the senior centers and I'm a member of two senior centers. We have been able to do some work. Seven years ago, we missed a person, I served him a meal every day for 4 days and after the 4 days we got concerned about it and we went to find out what happened to the person.

When we got to the door, we found the man laying stretched out—may he rest in peace—and we didn't know what to do. We came running back, another man and I, to the senior center, and I was hysterical because I liked that man. I know he needed help and told them what happened.

They took care of—the policemen and getting into the house but then it was established a buddy system that when anything happens and we find out that should be investigated. That man had no one, no relatives. He's about 80 years old and we in Baltimore City on the northwest and the Waxler Center have volunteered under the coordination of the senior centers and the coordination of the buddy systems to create a buddy system and create volunteers, buddy leaders like I am, that call people and are in touch with people and if they need help, to go back to the senior centers and talk to the various people, the directors, the coordinators, to see what can be done for these people.

I have been amazed, your honorable Congressmen, to find so many people that have no one on this Earth left. They have outlived the relatives and they have no one and they need help. We

need more funds and more staff among the senior centers so we can keep in touch with these people.

We need transportation——

Ms. BYRON. Are you finding it more difficult to find volunteers that are available to help and assist?

Ms. BARRON. Well, of course, you know, volunteers are people who are well and there's a lot of senior citizens who are not well. The mind is good but they're not well enough to call 22 people a day like I am. They can't even call the telephone when they need some help.

Yes, we need, we need training, we need help, we need transportation, we need people for better nutrition and the way we're going to get the better nutrition for them is get them out of the home and get them into the senior centers and get them into other places.

They're wonderful people, some of them. They can crochet, they can paint, they can do a lot of things, but they're not able to do it on their own without help. So as a volunteer, as a person who is 83 years old myself, and I hope I live a little longer if I can, but I'm ready for God, I guess He doesn't want me yet.

So to make it possible——

Ms. BYRON. You're too busy——

Ms. BARRON [continuing]. That under the 1965 Older American Act, we are people who work very hard in our young days. I appeared before Congressman Pepper who was a Senator to ask for a—minimum wage in 1935 from 40 to 75 because you couldn't live on 40 an hour and I have appeared several times before this Committee on Medicare on the cuts that we're getting.

We've got an increase of 3½ percent but we got a big increase from the Blue Cross, from the Blue Shield, from telephones, gas bills, and the people are really sick and upset of what they have to get through their old years.

I taught—they way you work—I worked since I was 13 years old and I retire—I'll be able to enjoy the retirement. I find the only thing I enjoy when I talk to my buddies on telephone and they tell me they had a better day than they had the other day.

I feel if we're going to get more funds and more improvement in the Older American Act, you make it possible for people not to be pushed in nursing homes and the Government pays for it, it will be much cheaper to raise the funds for senior centers, for transportation, for nutrition, and to keep them out of nursing homes and keep them at homes and get into the seniors to participate in the activities that was meant for us senior citizens when we retire to be able to enjoy the rest of our lives. Thank you very much.

Ms. Byron. Ms. Cutsail?

## STATEMENT OF MARY L. CUTSAIL, VOLUNTEER, GREEN THUMB PROGRAM, FREDERICK COUNTY, MD

Ms. CUTSAIL. Representative Byron, Representative Daub, ladies and gentlemen.

I am Mary Cutsail. I'm from Frederick County. I belong to the Green Thumb Program which is provided by the Older American Act of 1965. This program is designed to train and help find em-

ployment for the older and low income people in the community service. It also provides the community with experienced and responsible employees, assists enrollees in their efforts to obtain unsubsidized employment.

I feel this program is an excellent service as it does allow the people who normally find it difficult to find employment to become employed. This program trains the people to become experienced in a job they are obtaining, therefore the knowledge is put back into the community.

The only suggestion for improvement would be the eligibility—that is, in my opinion—would be the eligibility requirements. I feel that the annual family income limit could be raised to benefit the people who are willing to work but received income above 125 percent of the Federal Poverty Income Guidelines.

These people cannot find employment because of a lack of experience but are receiving a pension or inheritance from the death of a spouse. They should not suffer because they are willing to work, all employers know that the people who are willing to work also are more productive. Thank you.

Ms. BYRON. Thank you very much.

Let me say that you said that you feel there should be a modification of the income eligibility requirement. How much of a modification?

Ms. CUTSAIL. Well, I feel that there are some people that have worked like on a farm, you know, for many years and they have become disabled like either with arthritis or maybe a farm accident or something like this, but they still have a family to provide for and they should feel that they can maybe train for some other type of work. This is what this program did.

Now I for years have been at home with my family and my children and then had arthritis so I had to have an operation with two artificial hips. Then I decided that I would like to get out but when I started looking for employment, I found that I did not have the experience.

So this program is now training me for this job. I am working for the Maryland Employment Service here in Frederick and they are training me to work in the clerical field and I feel that if there are some people that maybe would like to find another type of job, that they would—even, say, they had a farm accident or something like this, they cannot work on the farm any longer, they would like to go out and work but they cannot.

Ms. BYRON. You feel though that the income of an individual should be taken into account——

Ms. CUTSAIL. Yes.

Ms. BYRON [continuing]. But it should be raised but not drastically?

Ms. CUTSAIL. Not drastically, no, but I mean it could be—even the age could be considered somewhat, I mean say in their 50's or something like that. If they have worked for, say, years on a farm or something like this and they would have to be—would like to work at something that would not be as strenuous work, they could be trained for something and then——

Ms. BYRON. But in your personal experience, you have run into many cases where they are just above the level——

Ms. CUTSAIL. Just above, just a little bit, that's right.

Ms. BYRON. Mr. Daub, do you have any questions?

Mr. DAUB. Oh, I've got more questions than we've got time for today but just a few, if I may.

First just let me followup with you, Mary, and then each one of you. I have different questions for each one of you but please, Mr. Logsdon and Ms. Barron, if you have comments, just chime right in.

Ms. BYRON. We are very informal today. That's one of the nice things when you get out of Washington, you can be extremely informal.

Mr. DAUB. Darn right. First let me say, Mary, that I detect a little bit of feeling like there's a discrimination that occurs with age in hiring. Did you maybe say that or did you——

Ms. CUTSAIL. Well, you kind of feel that. When I went out to look for employment, maybe they weren't trying to discriminate, but with the lack of experience, of not being out into the working field for so many years and then along with my age and also with my health problems, all three of them together, I think they considered the younger person or the more experienced person.

Mr. DAUB. I do think there's a real problem there. I want you to know that your Member in Congress and I are very supportive of not only the current age ban on Discrimination Act which is effective for ages 40 through 70, but we support, or at least I do and I think you do, the total elimination of the age category.

So that, in fact, this discrimination law applies regardless of whether you're 70 or 71. I think that's important.

Now, it's a good program in my State, Green Thumb, it's a very useful program, but I do want to point out that if you raise the eligibility age or eligibility requirements, the Government doesn't always respond with the same kind of additional dollars, so when you raise the eligibility, you're going to make more people eligible so that dilutes or cuts the available number of dollars per capita per enrollee per job and then that gets to be the other side of the problem.

So it's difficult. As much as I'd like to see it expanded, the problem on the other hand is the Government from year to year doesn't intend to throw in as many dollars as they're required then to keep level funding. So I worry about taking the course of academically a pure approach and ends up they're not being able to deliver the dollars, especially in times like these to be sure that we're not cutting back on the compensation that we also want people in the program to get.

Let me move on and let me say that I had five questions, Mary, for you and you answered all five of them. So you did great. It was brief and well stated testimony and we appreciate it.

Ms. CUTSAIL. Thank you.

Mr. DAUB. Herb, I'm very supportive of the AARP position and your testimony on where title V—where that program ought to be. But there is a point that's being made in the debate on whether it should stay where it is or be transferred and that point is that I hear this from my area aging coordinators and my State office of aging directors is that there's this policy coordination problem and that the cross-compliance and coordination between the two organi-

zations isn't as good as it ought to be and I think that's probably what the point is.

I wonder if you've experienced any of that kind of problem in Maryland?

Mr. LOGSDON. Well, I'm sure the problem exists because I think you've touched on something that is very important and it does happen. I think we all have to face up to that and actually I don't know whether it's professional jealousy—this group or what it is.

Mr. DAUB. Some of that probably turf protection, yeah.

Mr. LOGSDON. But I—speaking for AARP, I sincerely believe that every effort on the part of anybody or everybody involved would be to have the different areas, the different departments, et cetera work in close harmony. I think that an effort there is necessary and should be pursued.

Mr. DAUB. Well, I agree, and I oppose, I want you to know, and I am a Republican and I'm a conservative, and I oppose the shift because I think we're going to miss the point of what was intended, but I don't mind working a little harder on some consolidation and I think to avoid the shift, both organizations might be instructed to get along better and work better together at the local level and then I think that particular concern would go away.

Mr. LOGSDON. Excuse me, may I direct this to either of you?

Would it not be true with the kind of coordination of two agencies or two departments working together actually be a more economical approach also?

Mr. DAUB. I think that's why the President's——

Mr. LOGSDON. Personnel-wise, perhaps.

Mr. DAUB. I think that's why the President and the administration have given up on the idea of shifting the program completely but have now said in the budget that they want sort of a coexistence, a coordination more to occur, and that might be a better—I'm not sure I'm satisfied with that particular proposal either, but I think you're headed in the right direction.

Ms. BYRON. I think when you get duplication of—there is no way that duplication is going to be economical.

Mr. DAUB. Tell me a little bit about how you feel on the points you made—I've seen the testimony that you offered to the committee before from AARP with respect to consolidation of title III. If you know, would you be willing to accept a higher percentage of transfer—of funds transfer option, say, between these—(b) supportive services and (c) nutrition from, say, 20 percent to 25 or 30 as a compromise?

Mr. LOGSDON. I think that would be progress and in all probability would be quite acceptable, yes.

Mr. DAUB. Now, I realize that the current standard of targeting services to those in—and the quote is, "greatest economic or social need," and that's vague, but if we tighten up that definition too much, is there a danger of imposing quotas such as X percentage minority must be served?

Mr. LOGSDON. I think you're right. I think your assumption there is the same as mine that that danger exists and I think that as other speakers have said before me that there need to be a flexibility, there need to be an opportunity to meet to the best of the local

community's ability the needs that exist there in the local community or in a State or what have you.

Mr. DAUB. I really appreciate your developing that thought. Let me indicate now, just a comment, about one other point you made and then I'll be moving on to Ms. Barrow for just one question.

When I look at the number of studies and studies and studies and studies and studies that the Government has done on rural transportation and elderly abuse and ad nauseam, there comes a time, you know, when I think Government should know what it should do.

So on that one point, I'm more concerned about delivering direct services to people most in need, especially in budgetary times and high employment times like we've experienced and I think that's why I must say the administration, not just this current administration but the last several have been a little reluctant to put more money into theoretical research activity and especially in light of the fact that we now have the NIH, National Institutes of Health and the National Institute of Aging and the private groups like the Gerontology Society of America and a whole bunch of other people doing a lot of that research and since it's hard to get direct dollars of funding for Meals on Wheels or transportation, I think that if you look at the budget you'll see some increases over here and we can't keep increasing in the duplication that Ms. Byron just talked about.

So I think that's why the budget lines maybe need to be looked at in a broader sense, in a broader perspective, than just in the Older Americans Act category alone and I just give that to—you're a leader in your aging group and AARP is a leader in the aging field in the country and I know how active you are and you might share that point with your friends that it's very hard just to keep putting money into programs when we're seeing so many studies now that it's about time we just did something about it instead of keep studying it to death.

Mr. LOGSDON. It seems to me, a lay person, that there should be an effort to bring all of the fine results of the different agencies' research together, more cooperation, more unity, not only in their efforts but in their results.

Mr. DAUB. And then you just hit it right on the head, disseminate the results of that so we all know what's going on and we can decide whether we need that help or not and then make the appropriate point.

Mr. LOGSDON. You're right.

Mr. DAUB. Thank you very much.

Sara, let me tell you, I'm so excited to hear you. I mean, you just made my whole day. You were terrific and I don't know how you manage to be a member of two, let alone one——

Ms. BARRON. They need me——

Mr. DAUB. Aren't they both fighting over you?

Ms. BARRON. I've dedicated my life——

Mr. DAUB. Well, I sure commend you for that——

Ms. BARRON [continuing]. The rest of my retired life to work for seniors, and to work for seniors, I work with senior centers.

Mr. DAUB. Well, I want you to come out to Nebraska and spend some of your time out there, we need you——

Ms. BARRON. All I ask is that we get more help. We want to bring the people out from their homes. You need to get a bigger staff, you need to get bigger buildings, you need to make facilities, and I think the senior citizens in this country—and I'm talking for Maryland and Baltimore. I'll tell you what I told—we went to the legislators—for improvements but we need the Federal held besides it.

Mr. DAUB. Sara, let me ask you my question.

Ms. BYRON. Before you ask your question, I want to say one thing.

Mr. DAUB. Sure.

Ms. BYRON. I would say, having looked in my district at a large number of senior citizen centers, and I'm talking about Howard County and Columbia and the new center down there which is outstanding, but the Waxter Center is a model nationally that Maryland and those individuals that were responsible for putting that program together——

Mr. DAUB. The buddy system?

Ms. BYRON. The buddy system and the programs that have come out of that center are innovative and they are a program that Maryland is taking credit and Baltimore is taking credit for being in the forefront of a tremendous number of innovative programs and it has basically come out of what a group of very dedicated people has done with the Waxter Center.

Mr. DAUB. You know, the first witness that we had in the committee this morning talked about—and this is Mrs. Throne—talked about the reluctance of some older people to come forward or to let government programs help them and the answer to that, of course, is for a volunteer to ask them to get involved and not for the employee to ask him to get involved, because that breaks down the barrier.

So if it weren't for people like you, Sara, the government, the city and the county and the State and the Federal programs wouldn't work anyway. So, sometimes bigger and better and more isn't the answer. Just in terms of dollars, it's more people like you being as dedicated as you are to the innovation, like this buddy system, and then you can have the Federal dollars support the employment and transportation requirements and the nutrition requirements that are necessary to help.

So, thank you for everything——

Ms. BARRON. And the senior centers requirement for additional help and make it possible where you bring them in——

Mr. DAUB. Well, thank you very much——

Ms. BARRON [continuing]. So they're not neglected.

Mr. DAUB. Thank you.

Ms. BYRON. Thank you all very much for coming up today, we appreciate it.

The next witness will be Ron Bowers, president of the Washington County Commissioners, but more important a very active member in the area agency on aging, a past member of the Washington County Commission on Aging, and a voting delegate to the White House Conference on Aging.

He chairs the Housing Committee for the State of Maryland on the White House Conference on Aging, so Ron Bowers comes today with a wealth of information.

**STATEMENT OF RONALD L. BOWERS, PRESIDENT, WASHINGTON COUNTY COMMISSIONERS**

Mr. BOWERS. Bev, you certainly are to be commended today for having, I think, a very worthwhile presentation and assemblage of a wide range or background of people that can testify for the Older Americans Act and what it really means.

Congressman Daub, well, Sara made your day; you kind of made my day because I've looked for somebody with some authority from the State of Nebraska to ask them a question.

Mr. DAUB. It's not about football now, is it?

Mr. BOWERS. I was going to ask, would you have gone for the two points or would you have kicked the extra point for the national championship?

Mr. DAUB. If you followed the national progress of the University of Nebraska football team which we're all so proud of, you recognize the fact that Coach Osborne had been accused all season of running up the score and so he decided to go for two instead of one.

Mr. BOWERS. OK.

Ms. BYRON. In his tradition.

Mr. DAUB. He had been fully consistent. We all approved of what he did.

Mr. BOWERS. After serving on the White House Conference on Aging, and serving as chairman of the housing committee for the State of Maryland and working with people from the vast areas of the country, rural like your area in Nebraska and also the rural area here, I was privileged to be a voting delegate. The appointment by Congresswoman Byron, gave me a great deal of insight into what was actually happening across the country.

But I think more, especially giving me an insight of how an Area Agency on Aging in Washington County, MD, which would be the planning agency and the Commission on Aging could work together to provide the service and be a catalyst for senior programs.

Of course, the reauthorization of the Older Americans Act can do likewise because that is the core, I think, of our senior programs, so it's very essential for that reauthorization.

I think another fact that we have is with our local area agencies and Commission on Aging being able to plan for our area, bringing in the AARP, the RSVP, and all other programs and volunteers that can make it work.

We have a model county. Having talked with various people from all over this country and seeing the plight that some of them were in, and I noticed many comments that were made at the White House Conference have been made here today, recommendations that were made to that Select Committee on Aging and to the Congress of this country and the vital importance of those comments and recommendations.

Today I will not attempt to go into actual programs because we have experts yet to testify. We politicians like to see something

happen but the final details you'll hear later from people from our county.

I think it would be a travesty if the administration's efforts to place more responsibility on State and local governments would ever include the Older Americans Act.

We have come to a point now in the rural areas of 13½ percent unemployment rate which is much higher than the national average. What that travesty would actually be is if we had to pick up the cost of the programs our seniors would suffer and the senior programs would suffer.

So it's very crucial. I was very glad to hear you say you were a Republican conservative, but I would hope that as you take your message back to your committee and to the administration that conservatism would not affect the funding levels of the programs in the Older Americans Act. They actually provide, not only for rural America—our friends in Baltimore County and Carroll County and Frederick County, we all are under the same plight.

So it's very important to just continue. There is one area that I would speak to that—through the testimony that was provided that is very, very crucial for our elderly and this is the area in which the Older Americans Act needs strengthening and that concerns a void or a gap that exists for the low-income, frail, and disabled elderly who are at risk of being institutionalized but who could live in a less expensive, semi-independent home-like setting if there were a 24-hour-a-day supervised care provided.

The Older Americans Act needs to address the plight of the low-income elderly for which the only option now existing is to enter a nursing home as a medicaid patient. A far less expensive approach would be the small group home with the 24-hour lay-type supervised care provided. Of course, the Older Americans Act reauthorization could include this provision.

As we were at the White House Conference, there was a very talked about program of a very admired lady from Philadelphia by the name of Maggie Kuhn of the Gray Panthers dealing with shared living which dealt, I think, in effect to those folks that could live together, four, five, or six people that could share the burdens and the responsibilities of running a home.

Here in our county, we have recently adopted a program through our local Washington County Hospital called Lifeline which allows a person, a senior, to carry a device around their neck which when pushed will activate a phone which will call the hospital. That helps keep a lot of folks from going into an institutionalization setting.

But we haven't the housing between what we call sheltered housing and institutionalization. That's a very large concern; it was a concern at the White House Conference on Aging. So I would hope that as you reevaluate programs, as you contemplate and add programs, when you hopefully will reauthorize the Older Americans Act, that some of the vital areas of concern for rural America will be addressed as well as in the larger metropolitan areas.

I would hope that there would be some type of intermediate housing care between institutionalization and those sheltered housing that we have now that very few units of.

So again, Bev and Congressman Daub, for taking your time to come listen to what the folks that deal with the programs on a daily basis and to we folks that need to provide, it's very much appreciated.

[The prepared statement of Mr. Bowers follows:]

PREPARED STATEMENT OF RONALD L. BOWERS, PRESIDENT, BOARD OF COUNTY COMMISSIONERS OF WASHINGTON COUNTY

The Washington County Commissioners serve as the parent element for both the Area Agency on Aging and the local Commission on Aging. The Area Agency on Aging serves as the planning and coordinating body for elderly programs and services in Washington County. The local Commission on Aging, a non-profit corporation, operates programs and provides services approved by the Area Agency on Aging. A County Commissioner sits as a voting member on each of the governing bodies representing the above agencies. All major programs are approved by the County Commissioners prior to implementation. The County Commissioners provide a pro rata share of the money required to fund the programs operated by the Area Agency on Aging and the County Commission on Aging. The Commission on Aging has been mandated by the County Commissioners to act as their official representative on all matters effecting the elderly in Washington County. All members appointed and/or elected to the Area Agency Advisory Council and the Commission on Aging Board of Directors are confined by the County Commissioners prior to installation.

A principal role of the County Commissioners is not only insuring that the needs of the elderly are being met, but that their needs are being met through a coordinated service delivery system which precludes duplication. In Washington County, the Commissioners have appointed an Inter-agency Long Term Care Planning Committee. This Committee meets approximately each quarter to discuss and plan a coordinated system for providing services to the elderly. All principal service providers of the County, private and public, are represented on this Committee. The Area Agency on Aging, answering to the County Commissioners, chairs the Inter-agency Long Term Care Committee. The County Commissioners also strongly support one of Governor Hughes recent initiatives involving a new program called "Gateway". The Gateway Program calls for a single entry point to be established in each county whereby an elderly person can be screened at one location and his/her total needs assessed. From this counciling/screening session, the Gateway Supervisor then determines which service provider (or providers) in the area can best meet the client's needs. Again, this system permits maximum pooling of resources within the County and keeps duplication to a minimum.

Although there are other federally funded programs that impact on the elderly, we consider the Older Americans Act Programs as the "core" around which other elderly programs are built. We believe the Older Americans Act should continue to be authorized as a separate Act and that the funding mechanism not be co-mingled with any other block grant funds. This is not to say that the implementation of Older Americans Act Programs should not be coordinated with other federally funded programs pertaining to the elderly. In fact, the Washington County Area Agency on Aging/Washington County Commission on Aging serves as the cosponsor for the federally funded Retired Senior Volunteer Program. Key agencies represented on the Inter-agency Long Term Care Planning Committee are the local Department of Social Services and the County Health Department. We feel we are achieving maximum coordination and pooling of all available resources, at the federal, state and local levels, through our integrated efforts.

There is one area in which the Older Americans Act needs strengthening. This concerns a void or gap that exists for the low income frail/disabled elderly who are at risk of being institutionalized but who could live in a less expensive semi-independent home-like setting if there were 24-hour a day supervised care provided. We do have in Washington County several state funded programs, such as, Sheltered Housing and Gateway II. Gateway II is a follow-on to the regular Gateway Program mentioned earlier. The purpose of the Gateway II Program is to provide gap-filling services to this "at risk" category of low income, frail elderly for which there is no other service available. Unfortunately, the state and county cannot fully finance the program; consequently, a sizeable waiting list exists. The Older Americans Act needs to address the plight of the low income, at risk elderly for which the only option now existing is to enter the nursing home as a Medicaid patient. A far less expensive approach would be the small group home with 24-hour lay-type super-

vised care provided. The Older Americans Act Reauthorization should include this provision.

Ms. BYRON. Ron, let me touch on a couple of issues.

You talked about an intermediate house program or process by where you would have a lay person in a supervisory capacity which I wholeheartedly support.

I think sometimes what happens is when we are writing Federal legislation, we end up with getting the guidelines so stringent that you're going to end up with such tight restrictions for the individuals to operate it to run those programs that they then become almost prohibitive in cost.

I think that there are a tremendous number of lay people that have the capabilities and the abilities to monitor and to implement these programs but what so often happens is on Federal legislation, you end up with the guidelines to have *x* number of degrees, *x* number of years of experience in administrative work, and what you really lose is you lose the kindness and the compassion and the interest which you can get from somebody that doesn't have a large number of years of working in a program, doesn't have the credentials, so to speak, that read well on the wall.

But the programs are written to mandate those type of individuals as opposed to someone—especially in our rural areas, that is just a kind, compassionate individual with concern for their fellow man, and I think this is one of the reasons that we get into trouble with some of our programs is because we are drawing them to the point where the individual we are looking for at the salary we can pay is not going to be able to do the job.

Mr. BOWERS. I think one of the areas——

Mr. DAUB. I think you're absolutely right.

Mr. BOWERS [continuing]. That becomes very important, is the area agency which is the planning area that makes your plans for the Commission on Aging to carry out, and I think being able to carry out the Older Americans Act could be done at a local level without some of the stringent measures of Federal bureaucracy.

Ms. BYRON. What you end up with is a trade-off, is it better to be able to have the program or not have it at all and to me it is much better to have the program and have somebody that is going to be administering it as opposed to not having it at all because of the funding level required.

You also indicated the needs of low income, frail elderly are not being met. Would you recommend a new title under the act to assist in establishing that or do you think we can do it with the existing guidelines that we have?

Mr. BOWERS. I think you're going to need something a little bit different to cover those low income frail. It's going to take an addition to the Older Americans Act.

Ms. BYRON. Do you think we could coordinate the funding of such a program within other Federal programs, such as elderly housing or do you think it needs to be set up as a complete separate entity?

Mr. BOWERS. I think it could be on a share basis and I think the way it's been proposed in our county is on a share basis, a local match which will keep the locals involved.

Ms. BYRON. There again, you keep your local control or your local involvement?

Mr. BOWERS. Yes, and when you spoke of transportation throughout the country most planning commissions have transportation studies.

They're studies usually the Federal Government doesn't even consider, they don't even use the studies many times, they conduct their own.

Ms. BYRON. We love to study things to death.

Mr. BOWERS. It's a good way to kill a program.

Mr. DAUB. Don't leave, don't leave.

Ms. BYRON. He's not. He's just rearranging——

Mr. DAUB. I was extremely impressed, Mr. Bowers, Commissioner Bowers, with your testimony and particularly your discussion of Washington Country's Interagency Long-Term Planning Committee. It's composed of all major service providers in the county, both public and private, is that right?

Mr. BOWERS. Correct.

Mr. DAUB. Now, lack of coordination and duplication of services are two common complaints about human services. Do you believe that your Interagency Committee has generally eliminated these problems in Washington County?

Mr. BOWERS. Definitely.

Mr. DAUB. And are turf battles by jealous administrators any problem?

Mr. BOWERS. There are no turf battles here and you will find our people working together doing a tremendous job. Turf battles do not exist.

Mr. DAUB. How much county money goes to aging services?

Mr. BOWERS. We put $60,000 right now.

Mr. DAUB. Is that an increase or a decrease over the past few years?

Mr. BOWERS. It's increased dramatically over the past few years. It's increased maybe from 10 to 15 percent a year and it's increasing more and more as various program funding is phased out, then we're responsible for picking up the void and maintaining the existing program.

Mr. DAUB. On the grants you mean?

Mr. BOWERS. Yes.

Ms. BYRON. Hasn't it also increased because of the unemployment rate increasing?

Mr. BOWERS. Yes, it would have.

Mr. DAUB. Would it as well be because you have simply an aging population that you have fewer births and fewer deaths and you have to shift so that of the numbers, you've got more people over 60?

Mr. BOWERS. Well, our population over 60 now is approaching 20,000 in a community of 113,000, so it's a sizeable amount.

Mr. DAUB. As a county official, and you clearly have a marvelous grasp of the aging issue and clearly that was recognized in your selection as a voting delegate to the White House Conference and I had a chance to attend that White House Conference as well, as a county official involved with administering the Older Americans Act at the local level, do you believe local officials and individuals

are in the best position to determine how those Older American Act funds are to be spent?

Mr. BOWERS. Yes, sir, very, very definitely. I think you find that closer relationship and you also find people working and bonded together to make it happen.

Mr. DAUB. There are three separate authorizations for Title III(b) Supportive Services, Title III(c)(1) Congregate, and Title III(c)(2) Home Delivered Meals. Would you support a consolidation of these three line items to allow the county office on aging the flexibility to decide what the mix of these services should be and what would be most appropriate?

Mr. BOWERS. I would yield there to the executive director of the commission on aging because I feel that type of a decision would best be made by those people.

Mr. DAUB. I appreciate that. My point, when I talked a minute ago about being a conservative and indeed being a part of this two-party system as a Republican, you'll find if you look all through the budgets of the last 3 or 4 years, the issue has not been on the Older Americans Act to reduce funding, you know, the funding keeps going up.

What the issue is is how to better coordinate so that there's greater decisionmaking at the local level. After all, that's where it comes from. People here in Washington County send the money up and when it comes back, ought they not to have a little bit more to say about how it's used?

Mr. BOWERS. That's the way we feel. I think that's why at a point in time where there may be three to five counties together in an area agency, you could save by bringing an area agency local, having your own local area agency, saving the administrative costs in administering the funds and keeping those funds.

I know in our case, we saved somewhere in the neighborhood of $32-$34,000 from administration and we find a more effective program. I mean, the area agency actually writes the area plan, the area plan is approved by the State office on aging and on up the line so the checks and balances are all along the way.

Mr. DAUB. This might be a good place, and you can defer this one. If you do deflect to tell me who though so I get it on the record and I appreciate that, I've done that myself.

Maryland's get 18 area aging offices, one for each of the 18 counties——

Mr. BOWERS. There's 23—Baltimore City.

Mr. DAUB. Twenty-three, OK.

Ms. BYRON. It's worse——

Mr. DAUB. It's worse than I thought. I'm not saying worse in a native sense, I'm just saying, gee, that's an awful lot. We've consolidated all of ours in Nebraska, we just have 6 now for 93 counties.

Mr. BOWERS. I'm sure that Harry Walker who is here from the State, there's probably not 23 area agencies on aging, I'm not sure what the breakdown would be in the State, but Harry, I'm sure—how many there are.

Mr. DAUB. Raise your hand, Harry, where I can see you.

There you go, OK, I'll find out.

I really appreciate you very much and want you to know that we're just as concerned in an overall sense about the inflation rate, too, because if we can keep the increase in medical services and prescription drugs and some of these other things at a moderate rate so that workers paying—you know, getting 4 and 5 and 6 percent pay raises don't find everybody else getting more than they're making—we can have a working middle class in America that can afford to pay the taxes to help pay for all these programs.

Mr. BOWERS. That's very understandable.

Mr. DAUB. Thank you very much.

Mr. BOWERS. Thank you.

Ms. BYRON. Ron, thank you very much for coming up today.

Next we're going to have a panel of administrators starting with Harry Walker, deputy director of the Maryland Commission on Aging, past president of the National Association of State Units on Aging.

Ralph Garver, director of planning and evaluation, Washington County Commission on Aging, soon to be installed as the executive director of the Washington County Commission on Aging.

And Shirley Guessford, director of supportive services, Washington County Commission on Aging.

Accompanying Mr. Garver and Ms. Guessford are Mary-Mae Raines, director of nutrition service, Washington County Commission, and Elsie Horst, president of the board of directors of the Washington County Commission on Aging.

It's just as well we took Mrs. Thorne earlier, I don't think there's anymore room at the table.

We have some consolidated testimony and then we have Mr. Walker's testimony.

Mr. Walker, do you want to start first?

Mr. WALKER. Sure, I'd be glad to.

## STATEMENT OF HARRY F. WALKER, DEPUTY DIRECTOR, MARYLAND OFFICE ON AGING

Mr. WALKER. Thank you, Madam Chairman, members of the committee.

My name is Harry Walker. I'm deputy director of the Maryland Office on Aging. I would like to begin my testimony by giving just a brief overview of the demographics of our service population and some of the programs that the office on aging administers.

There are 600,000 people in Maryland over the age of 60. Between 1970 and 1980, the total population of the State grew by 7 percent, but the population 60 and above grew by 29 percent. Population of 65 and above grew by 31 percent and the fastest growing segment, the 85-plus population, grew by 55 percent.

Population projections indicate that between 1980 and 1990, while the total population will again increase by about 7 percent in Maryland, the 60-plus population will grow by 20 percent, the 65-plus by 25 percent, and the 85-plus by 36 percent. Clearly, the concerns of the elderly are to the State elected officials and to the Federal elected officials who represent this State a very important and growing concern.

There are 18 area agencies on aging in Maryland. There are only two area agencies that are multicounty. Those are on the Eastern Shore of Maryland, largely rural, and each of the multicounty agencies consists of four counties.

Maryland, through the office on aging, and the area agencies on aging, administers a nutrition program in 264 sites throughout the State. We serve an average of 10,000 senior citizens daily and throughout the course of a year feed some 39,000 different individuals in the Congregate Feeding Program.

In the Home-Delivered Meals Program, that figure is 2,100 a day, through the course of the year about 2,800 different individuals.

In addition to the programs which are funded by the Older Americans Act, the State of Maryland also provides State funds for a number of activities for senior citizens. Among those programs is a Life Support Program which is a program of volunteers visiting nursing home residents who have few or no visitors.

The purpose of this program is to give the volunteer an opportunity to spend time with these individuals to enhance their quality of life.

The State also funds the Sheltered Housing Program. Sheltered housing is a program which provides levels of care to individuals who otherwise would not be able to live independently. Sheltered housing provides three meals a day, personal services, and housekeeping services.

These are subsidized by the State up to approximately $100 per individual.

The State also launched a single point of entry program which is an expanded information and referral service. This was started a year and a half ago. It provides in every county in the State a single telephone number which any individual or a representative of an individual can call and be assured of locating, if it's available, the service that is needed. It further provides necessary follow-through to be sure that the proper contact is made and that the proper service is provided to that person. The followup element which goes beyond the normal information and referral service. We call that program Gateway One. There is also a program called Gateway Two which is a highly significant program because of the growing importance of long-term care in needed services for the elderly.

Gateway Two is a long-term care program which provides community services for older people who are at risk of entering a nursing home because of declining health or lack of access to needed community services.

This program was started as a pilot program in four counties, it has now been expanded to nine counties in the State, and finally——

Ms. BYRON. Were those rural counties?

Mr. WALKER. They were mixed.

Ms. BYRON. Mixed.

Mr. WALKER. Rural and urban.

Also, there is a Senior Center Bond Program which provides money for the renovation and rehabilitation of public buildings to be used as senior citizen centers.

These are some of the programs that are funded totally with State money to supplement the Older Americans Act programs and I believe is in keeping with the intent of the Older Americans Act that Federal funds would provide the incentive for the State and local governments to add to those Federal dollars to create new and additional programs.

Now, regarding the reauthorization of the Older Americans Act, we generally have found the Older Americans Act to be excellent legislation. The way in which it operates now, we find to be very effective. There are a few things that we would recommend in view of the changing nature of some of the older population.

We would recommend that there be increased attention in the Older Americans Act to the matter of long-term care. Rather than elaborate on the entire issue I will simply state that the Maryland Office on Aging generally concurs with the recommendations of the National Association of State Units on Aging which in summary say that a reauthorized act should expect and enable State and area agency involvement in the following areas: advocacy for long-term care system reform, including where appropriate the expenditure of Older Americans Act funds to promote changes in the delivery of services; advocacy on behalf of individual older people concerning their access to long-term care services; involvement in State and local long-term care system planning design and coordination; and where appropriate and needed, involvement in the direct provision of assessment case management for long-term care clients.

The second point we would make with regard to reauthorization is that we feel strongly that the funding for titles III(b) and titles III(c) should remain categorical. There was some discussion here earlier about the feelings with regard to the block granting of these funds. While there is certainly something to be said for local option with regard to how the money will be used, we believe that experience has demonstrated very convincingly that the effectiveness of the nutrition program and the fact that this particular program has become, perhaps the second most popular program for older people in the country second only to Social Security is because States were given money to be used only to feed older people. I'm not sure that we can count on the continued growth of this program if administrators are given the option of using these funds for what is not an easy job, setting up congregate feeding programs and attracting people, or for some other services which may in fact not be quite so difficult to set up.

Third, we support the continued targeting of resources to those who are economically and socially needy. In Maryland, one method for achieving this is the distribution of funds themselves.

Half of the funds are distributed to the area agencies on the basis of the per capita 60-plus population, the other half are distributed on the basis of the 60-plus elderly poor population. We emphasize that this program is expected to serve people who need it because of age and not exclusively because of economic factors and we think it's important that this program continue to be recognized by all older people as a program for the elderly, not just the poor elderly.

The matter of contributions is one way of assuring that the program is provided for those who are economically needy by suggesting a low contribution, but for those for whom money is not a major factor, there is an opportunity to contribute substantially and participate in needed activities to improve the quality of their lives.

We would suggest that additional attention be given to the cost of providing services in rural areas. We have had a number of—our area agencies call attention to the fact that it costs them more to provide services because of limited resources, limited transportation, and greater distances.

Next, we would support the 3-year reauthorization of the Older Americans Act with higher authorization levels, a minimum of the 1981 levels, higher if possible, and finally, we encourage the recognition of the importance of mental health services to older people and also recognition of the fact that although the elderly make up less than 15 percent of the population, they make up 50 percent of those citizens in our country who suffer from severe visual impairment. Thank you.

Ms. BYRON. Thank you very much, Mr. Walker. Let me touch on a few questions——

Mr. DAUB. Are the rest of them going to have things to say first or——

Ms. BYRON. Well, we can get Mr. Walker and then the rest of the panel is from Washington County and comes as a unit.

Mr. DAUB. OK.

Ms. BYRON. You touched on the feeling that you think a block grant approach, especially under the title III(b) and III(c) is not a solution to that.

Would you support State increased flexibility in transferring nutrition program's funding to supportive services, or do you think they need to remain?

Mr. WALKER. Well, we're pretty consistent. The law currently allows a transfer of 20 percent between the titles. The State office on aging adopted a policy which limited that transfer to 5 percent with the provision that any area agency that wished to transfer up to the 20 percent could do so provided they gave justification from the Office on Aging and received permission.

Ms. BYRON. We've asked a couple of the other witnesses this morning on the issue of delivery services to the minority elderly should be improved. Are you finding that to be an area that we need to address or to look into?

Mr. WALKER. The record in Maryland is pretty good. We serve older minorities in excess of their percentage of the population and I believe that Maryland is doing a good job in that regard, I can't speak for the other States.

Ms. BYRON. Does your commission regularly receive the reports on research in the field of aging under title IV of the Older American Act?

Mr. WALKER. Well, we do receive those published reports usually that are submitted by the Administration on Aging or perhaps from the universities to us. I'm not sure that I can say that these have been applied on a regular basis.

Ms. BYRON. Or implemented?

Mr. WALKER. Or implemented.

Ms. BYRON. Hal, do you have any questions for Mr. Walker?

Mr. DAUB. Yeah, I do.

Ms. BYRON. OK.

Mr. DAUB. Where's all the money going to come from if we raise the authorization and then the outlay levels? We've already gone up to nearly $1 billion at a steady increase. The problem is more and more people are eligible, you know, it's not a matter of total aggregate budget cuts, it's a per capita budget cut because we're delivering more services to more people.

Where are we going to get the money if we don't start to look at the stream of management and—I mean, don't you trust your own local area aging offices and their talent to know what better to do with the money?

Mr. WALKER. Well, let me use this example. When the title VII program, the nutrition program was first enacted into legislation, it was designed as a program to feed people in a congregate setting because not only did they need the food, but they also needed the socialization with others.

There was a provision at that time—I forget whether it was in the law or whether it was an administrative regulation—that no more than 10 percent of those funds could be used for home-delivered meals for people who live in the neighborhood.

Now, I don't think it was a case of not trusting anybody, but the Federal Government wanted to be clear that this was a congregate feeding program because in some cases it's easier to have a meal sent out to the people and not have to worry about arranging activities and all of the work that comes with the congregate feeding program.

So, the provision was in there that they would not let the locals make a decision that they could, for example, spend 50 percent of that money for home-delivered meals. I think that was a good provision and I think the same applies—it isn't a lack of trust, but I do believe that the character of the nutrition program is such that unless there is something from the Federal Government saying this is what this money is for, then you do risk the loss of the identity of the program and somewhere down the road there is not a national nutrition program.

If that's the intent, then I think we ought to be clear that that's what it's going to be.

Mr. DAUB. I appreciate what you're saying and I wouldn't want a Governor or someone else, you know, politically in a State to be able to persuade the diversion of funds out of any categorical program converted to block—like the Governor of Colorado or whoever who thinks that, you know, when we're 75, die and move out of the way, you know, let's somebody else take our place. Not on my life, I'll tell you, that's going to happen. The good Lord'll decide that.

But the fact of the matter is that I guess I worry about living in the past a lot. I knew and I sympathize with those concerns in yesteryear. That is, I see the demographics of our older population changing. I start to become, honestly, intellectually more attracted to that flexibility at the local level.

We've developed a lot more talented network of leaders in our local aging offices. Our local administrators are better trained and

more experienced in gerontology and nutrition than they were 10 and 20 years ago.

So, I start to look back again at the efficient use of our resources and think maybe a little more flexibility, not carte blanche, but a little more flexibility can now be shouldered by a more responsible local network on aging and nutrition managers and site managers and I just want to start to want to trust more, that we've made it over the education level and now we can do that again, where in the beginning days of the programs, we did have a problem.

Mr. WALKER. Well, Congressman, I do think that the transferability between (b) and (c) does accomplish that, doesn't it?

Mr. DAUB. Beg pardon?

Mr. WALKER. The transferability, 20 percent, which is being proposed to be increased to 25 or 30 percent, I think that accomplishes providing that local decision——

Mr. DAUB. You don't think that we should go to 25 or 30 since the numbers are increasing in terms of the number of elderly like your own testimony indicated?

Mr. WALKER. Well, I have to speak for our office and we have adopted a policy which limits the transfer to 5 percent. My personal feeling on the matter is that I do trust the area agencies with regard to full transferability and if it were my decision, I would give it to them.

Mr. DAUB. Thank you, I appreciate that. Let me ask you this—I want to ask any of you to chime in, particularly Mr. Garver who's the director on that same subject. Did you have any views relative to transferability, consolidation, local flexibility?

Mr. GARVER. Yes, sir. That is one of the points that I was going to discuss. We do support the flexibility given to the State and area agencies in determining the allocation of resources to services and we'd recommend at least retaining the present 20-percent transfer provision between III(b) and III(c).

Mr. DAUB. Would you go to 25 or 30?

Mr. GARVER. We wouldn't oppose that at all. We'd agree with 25 or 30 percent.

Mr. DAUB. By the way, I did read your covered testimony, the consolidated—yours or whatever and I appreciate this, this is very, very detailed and thorough testimony and for the record it's appreciated.

Mr. GARVER. Thank you.

Mr. DAUB. Let me ask this question. I'm very impressed by Gateway I and II. Can you tell me a little bit more about Gateway II?

Mr. WALKER. Gateway II is a program which involves the coordination of three major agencies——

Mr. DAUB. I'm on the Long-Term Health Care Subcommittee of this Committee. That's why I'm particularly interested in that and maybe—rather than take time now, if you could just send me——

Mr. WALKER. I'll be glad to.

Mr. DAUB [continuing]. And make it part—the Chair would make it a matter of the record. I think our colleagues would appreciate knowing——

Mr. WALKER. We have an evaluation of that program which I'll be glad to submit.

Ms. BYRON. If you would submit for the record——

Mr. DAUB. I'm interested very much in that and would like to share those ideas, particularly with my aging leaders in Nebraska. Sounds like something we need to be doing.

Mr. WALKER. It is a good program.

Mr. DAUB. Thank you. My last point would be that while I recognize that the Federal Government must be the primary source of assistance to older Americans, there are limits on what—as I kind of alluded to a minute ago for all of you—the government can afford to, what attention do you feel that you're getting to mobilizing business and other private sector of volunteer resources that supplement the program efforts that you're making and I'd ask Elsie or Marjorie or Shirley as well to chime in with Harry and Ralph and let us know. I think that's a critical thing we need to see where our resources may be coming from in the future.

Mr. WALKER. The question of involving the private sector in volunteers, through the Life Support Program we involve the local area agencies on aging who in turn work with local organizations to secure volunteers. We don't do it directly but we do through the programs of our area agencies on aging.

Mr. DAUB. Any others?

Mr. GARVER. Yes, sir. We operate a Life Support Program which involves the use of volunteers going to the nursing homes. We also have a Retired Senior Volunteer Program in operation.

Mr. DAUB. But are you getting businesses to help you fund and/or do or deliver some of these requirements? Are you inventorying their capability to help?

Mr. GARVER. We're trying to move more into the private and the business sector. Our service clubs are helping. We have local service clubs, such as Kiwanis, that provide some funding for transportation services. Also, a Rotary Club in Hancock provides transportation in that area.

We are trying to branch out and involve more community effort,

Mr. DAUB. What I'm getting at is older people are everybody's responsibility, not just the responsibility of other older people and that's true of the business sector. It's a great, huge amount of consumer spending in terms of our older Americans category and the need for other services.

They pay for a lot of things. There are actual direct payments from food stamps to Social Security and medicare that finance a good deal of the profit that's made by our merchants in our country and if I don't hear much of it, I like to urge you to start knocking on doors.

Those businesses out there depend upon a lot of elderly customers ought to help, they ought to kick back a little of the system. So I urge you to do that.

Elsie, you were saying something there, you didn't say it directly.

Ms. HORST. No, I just reminded him that our service clubs are doing more and of course they are business people and they are giving donations for various programs.

Mr. DAUB. Good. Mary-Mae, did you have anything? I said Marjorie, I didn't mean that, Mary-Mae——

Mrs. RAINES. For the Home-Delivered Meals Program, we contract with the Community Action Council Meals-on-Wheels Program and they use volunteers to deliver these meals.

Mr. DAUB. Do you have enough volunteers?

Mrs. RAINES. Well, there's always a need for volunteers, but our RSVP Volunteer Program helps in that area.

Mrs. BYRON. But it isn't critical, is it?

Ms. RAINES. It isn't critical. In the past, in some areas there was a critical need for volunteers. I think what has happened in the programs once they have gotten off the ground, people have begun to accept the programs, they have begun to realize that they are only going to be operational with the volunteer concept.

So I think you're now finding it not easier to meet the complete need but easier to get a good basis of volunteers that you can call on and when you're really in an emergency, somebody who's done it before, look, I can't volunteer on a regular basis, but if you're really in a bind, call me and I'll do it.

And that goes with the longevity of a program just as we were touching earlier, the guidelines on the local level because you have developed the expertise. It's not a new program anymore, it's a program that has been in existence and with that existence comes the training and the individuals that know how programs should be administered and can tell from the firsthand knowledge where your difficulties are and what areas you're going to have trouble with. The only thing that comes from is longevity.

Mr. DAUB. Shirley, did you have anything you wanted to say?

Mrs. GUESSFORD. Yes, I think on two points. First, we are making a sincere effort to involve local businesses, service clubs, and so forth for support, but I think we must remember that very recently in this area, we lost one of our major businesses, Fairchild Industries, which has caused a great unemployment problem in this area.

Second, we are not the only agency that has suffered financial losses and are having problems and are appealing to these service clubs and businesses for help. So you must do it but you must temper it so that you are not walking pellmell over every other agency in your county because the agencies work together as a unit.

Mr. DAUB. Well, that's a good point, matter of fact that's a question I was going to let go by just in the interest of time, but I'll ask it now. Are you able to impact, all of you—on decisionmaking by other agencies that serve the elderly like health departments, other social service agencies? Is that—that's really critical, I think, and especially in areas like this where you have a plant closing.

We've had them out in my—packinghouses out in my district, you know, very large employers and the small towns that really creates serious problems.

Mr. GARVER. One of the programs that we have is the Gateway II program which Mr. Walker mentioned, and that is a coordinated effort between the service providing agencies: the health department; department of social services; and, our area agency on aging.

One thing that Gateway II has done, is that it formalized and coordinated the provision of services under the Gateway II program.

Mr. DAUB. Harry, you were going to say——

Mr. WALKER. We've made some headway on this. The legislature helped us along by passing a law which required that the health department, office on aging, and the department of social services

create an interagency committee on aging as a formalized, institutionalized entity. The committee meets regularly for the purpose of assuring that we each know what the other is doing with regard to aging, particularly with regard to proposing legislation.

Mr. DAUB. What do you call it?

Mr. WALKER. Interagency Committee on Aging.

Mr. DAUB. I think that's terrific.

Mr. WALKER. The IAC.

Mr. DAUB. That's very good. Could someone provide for the record a little background on that, too? If I might ask the Chair to receive that from Mr. Walker or from whoever for this record? I think our colleagues should know about that. I think more States should do that.

Mrs. GUESSFORD. I do believe our own Commission on Aging, area agency on aging, really had a head start on cooperating and working together with other agencies before the Gateway II Program and other things that were mentioned were formalized.

Our board of directors is made up partially of representatives from the other agencies in Washington County with whom we work and I think many of us on the frontline who actually deliver service were already working a great deal with people from other agencies.

We could not provide a great many of the services that we do without the cooperation of the other agencies in Washington County, it would be totally impossible.

Ms. BYRON. Let me say a little bit about this area. One of the things that this area has done and has realized that the strength in this area is by working together. We are a small area population-wise when you look at the entire State of Maryland.

When you look at the legislative packages that go through Annapolis, the only way we have been successful is to band together as western Maryland, as a complete unit, and so consequently we have the western Maryland consortium which is a combination of the three western Maryland counties that have been working together with their interagencies and sharing experiences, sharing problems, and sharing information.

So, one of the reasons that there has been strength is because of this coordinated effort out here.

Another thing I wanted to touch on very briefly, you talked about Fairchild leaving the community, I think when you end up depending upon one or two employers in an area for a tremendous amount of assistance in programs and if something happens to those one or two employers in that area, then your entire program is in jeopardy.

So we have had closing of two or three large businesses not only in this community but in other western Maryland communities and if you're completely dependent upon their input, their financial assistance, and their business assistance then you would be in a much more difficult position than spreading it through the service clubs which I think has worked extremely well.

Mr. DAUB. I have no more questions, Madam Chairman.

Ms. BYRON. Mr. Garver, did you want to make a statement? We sort of touched on a lot of your testimony.

Mr. GARVER. Well, we did. We had a team approach that we were going to present——

Ms. BYRON. If you want to hit on some of the high spots that we haven't touched on, feel free to go ahead.

Mr. GARVER. Very fine, thank you.

## STATEMENT OF RALPH R. GARVER, DIRECTOR, WASHINGTON COUNTY COMMISSION ON AGING/AREA AGENCY ON AGING

Mr. GARVER. I would like to address some of the areas regarding reauthorization, if I may, and these comments are being provided without specific agreement or disagreement with any of the other national agencies such as the Federal Council on Aging, the National Association of State Units on Aging, the National Association of Area Agencies on Aging, that's N4A, the Maryland Association of Area Agencies on Aging, M4A, or the Maryland State Office on Aging.

Some of the information we have received may have been updated since the time that we received the information. We would support a greater commitment to long-term care, and the creation and maintenance of a comprehensive long-term care system should be an objective of the Older Americans Act and thus a more visible responsibility of both State units and area agencies on aging.

Regarding transferability which we discussed before, we would support the continued flexibility given to the State and area agencies, by at least retaining the present 20 percent. We would not disagree with 25 or 30 percent.

Regarding targeting, we would certainly support the continued provision for those in the greatest social and economic need.

Mr. DAUB. Let me ask you a question on that, if I might. How are you targeting services to those greatest economic and social needs? Is your minority participation increasing? Is your low income participation increasing?

Mr. GARVER. Our minority participation is very high compared to the number that we have. We have some 353 persons aged 60 and over, in Washington County. Our percentage is not very high. In the last fiscal year, we served a very high percentage of the minority.

Mr. DAUB. Go right ahead.

Mr. GARVER. Regarding contributions, we support the need for soliciting contributions in order to give older persons the opportunity to contribute toward the cost of programs and services provided and to extend the available resources as far as possible.

We do not support the recommendation, and I believe it was by the N4A, that would establish a sliding contribution scale based on ability to pay. Rather, we recommend that the method for soliciting increased contributions should be left to the local jurisdictions.

A comment regarding the Senior Community Service Employment Program, we agree with the N4A recommendation that the benefits of the Senior Community Service Employment Program should be increased for the elderly by coordinating the title V program with the existing Older Americans Act network on aging and, in particular, we recommend that the benefit package should be standardized.

I have one issue that came to light significantly just this past week that was not in the original written testimony that I would like to touch upon. That is the great concern about the high cost of medicines to those residents and their families who have people in nursing homes.

Nursing home residents are somewhat of a captive market and not only is the high cost of medication a drain on the private pay patients, but ultimately on the taxpayers who support the medicaid program. We feel that this is not only a local problem here in Washington County, but probably a national problem as well.

I will conclude my comments by saying that, we feel that the purpose and intent of the programs mandated under the Older Americans Act have been to assist the elderly to promote and maintain their independence in society, and that this focus should be retained.

Also, we feel that as the number of our elderly population increases, particularly the frail elderly, to maintain their independence and to avoid or delay premature admission to nursing homes, a greater commitment to community based long-term care should be an objective of the Older Americans Act.

In addition, as admission to nursing homes becomes necessary, we feel our obligation to serve the elderly through such programs as Life Support, Ombudsman, and Guardianship should continue to be an important and necessary aspect of providing services to the elderly.

We feel it is important to develop and maintain a balance between promoting and maintaining independence through such services as congregate meals and senior center activities on the one hand; and, enhancing independence through community based long-term care services such as the State of Maryland's Gateway II Program, as well as other in-home services on the other hand.

We of the Washington County Commission on Aging and Area Agency on Aging fully support and urge congressional reauthorization of the Older Americans Act for another 3-year period.

Now, I'd like to ask if Shirley Guessford has some comments regarding Supportive Services.

[The prepared statement of Mr. Garver follows:]

WASHINGTON CO. COMMISSION ON AGING INC.,
AREA AGENCY ON AGING,
*March 21, 1984.*

U.S. HOUSE OF REPRESENTATIVES,
*Select Committee on Aging,*
*Washington, DC.*

DEAR MEMBERS: In response to your letter, dated February 29, 1984, regarding the Older Americans Act field hearing to be held March 31, 1984, at Hagerstown Junior College, Hagerstown, MD, the enclosed written testimony is submitted for the Washington County Commission on Aging, Inc./Area Agency on Aging.

At the field hearing, oral statements will be presented by several program directors; however, the enclosed written testimony is combined into one report.

If you have any further questions, or desire additional information, please contact us.

Sincerely,

RALPH R. GARVER, Jr.,
*Executive Director (Designee).*

Enclosure.

## OVERVIEW

The Washington County Commission on Aging/Area Agency on Aging (WCCOA/AAA) is a non-profit, non-stock corporation, organized and incorporated under the laws of the State of Maryland. It maintains close ties with and operates under the umbrella of the Board of County Commissioners, Washington County.

The Commission on Aging has been an operator of programs for the elderly since January 5, 1970. For a number of years, the Commission had been operating as a member agency of a three county organization known as the Western Maryland Area Agency on Aging. Effective October 1, 1981, Washington County was established as a separate planning and service area, and the Washington County Commission on Aging was also designated as an Area Agency on Aging.

Being a provider of services as well as a planning and coordinating element, the WCCOA/AAA works closely with the other service providers in Washington County. The WCCOA/AAA Board of Directors is composed of representatives from all the principal local service providers as well as from the senior citizen clubs and other groups in the area. A member of the County Commissioners also serves on the Board. The Board of Directors provides broad policy guidance for the operation of the programs. In addition, there is an Area Agency Advisory Council which works closely with the administrative staff and the Board of Directors to provide comprehensive planning for continuity of operation. The Advisory Council members are appointed by the County Commissioners.

In carrying out the provisions of the Older Americans Act of 1965, as amended, the WCCOA/AAA plans, programs, and provides a broad spectrum of services. In addition to the Title III funded programs, the WCCOA/AAA operates a Life Support Program, an Ombudsman Program, a Sheltered Housing Program, and Gateway I and Gateway II Programs under State sponsorship and funding; and, a Retired Senior Volunteer Program under the federally supported ACTION Agency. Also, based on analysis of 1980 census data for our planning and service area, we are applying a concentrated effort to provide programs and services to all segments of our elderly population, with special emphasis to those areas of heaviest concentration of individuals 60+ at or below the poverty level who have the greatest social and/or economic need. The purpose of the WCCOA/AAA is to serve as many of our older persons as possible within the availability of funds, and in the most cost effective manner possible.

The 1980 U.S. Census has revealed that Washington County has 18,816 residents aged 60 and over. This represents 3.22% of the state population for persons aged 60 and over, which compares to a previous figure of 14,668 or 3.2% for the same age group reported in the 1970 census. A more detailed review of the 1980 census age groups shows that, of the 18,816 senior citizens in the county, 5, 315 are 60–64, 8,177 are 65–75, 4,073 are 75–84, and 1,251 are 85 and over. Overall, the elderly population of Washington County increased 28.28% from 1970–1980.

In addition, the population projections for county residents age 60 and over for the period of years from 1980–2000 reveals that the total number of persons in the age bracket 60–64 will increase to 1985 and then decrease to the year 2000; the 65–69 age group will increase until 1990 and then decrease slightly by 2000; and, the number in the 75–79, the 80–84, and the 85+ age groups will increase throughout the period to the year 2000.

Older Americans Act programs and services provided by the WCCOA/AAA under Title III–B include: Information and Referral; Outreach; Transportation; Legal/Advocacy Services; Telephone Reassurance; Friendly Visitation; Homemaker/Home Health Aide Services; Chore Service; Escort; Health Related Services; Social and Recreation; Continuing Education; Shopping Assistance; Respite Service; Crisis Intervention; and Physical Fitness.

Also, Title III–C services include both Congregate Meals and Home Delivered Meals. In addition, employment of Senior Aides and Green Thumb workers under Title V, Community Service Employment for Older Americans, is an important and valuable aspect associated with the provision of services by the WCCOA/AAA.

## REAUTHORIZATION

The following portion represents the WCCOA/AAA position and recommendations relative to the 1984 reauthorization of the Older Americans Act (OAA).

Generally, from the information we have, there will be no major overhaul to the OAA, there will be no significant funding increases, targeting will be a main focus, there will be no means testing, and the OAA will recognize that there is and will continue to be increasing numbers of older, and therefore frail elderly.

Comments and/or recommendations regarding our position on major issues are presented below, without specific reference to agreement or disagreement with the positions of any other particular organizations, such as, the Federal Council on Aging (FCA), the National Association of State Units on Aging (NASUA), the National Association of Area Agencies on Aging (N4A), the Maryland Association of Area Agencies on Aging (M4A), or the Maryland State Office on Aging (OoA).

*Long-term care*

The WCCOA/AAA supports a greater commitment to long-term care, and that the creation and maintenance of a comprehensive long-term care system should be an objective of the OAA and thus a more visible responsibility of both state units and area agencies on aging.

The WCCOA/AAA opposes the recommendation to change Title III from Grants for State and Community Programs on Aging to Grants for Community Based Long-Term Care. We feel that long-term care is essential, but there is also concern that such change may result in the diminishment of such OAA mainstays as nutrition, senior centers and community services.

*Transferability*

The WCCOA/AAA believes that Congress should continue to support the flexibility given to state and area agencies in determining allocation of resources to services. We do not hold a position on any specific percentage, except that we do recommend at least retaining the present 20% transfer provision between III-B and III-C.

*Targeting*

The WCCOA/AAA agrees that resources should be targeted to those older persons with special needs, such as, minority, low income, rural, persons with functional impairments, and persons without functional impairments who require preventive services to maintain independence.

*Contributions*

The WCCOA/AAA supports the need for soliciting donations in order to give older persons the opportunity to contribute toward the cost of programs and services provided, and to extend the available resources as far as possible. However, we do not support the recommendation that would establish a sliding contribution scale based on ability to pay. Rather, we recommend that the methodology for soliciting increased contributions be left to the local jurisdictions.

*Senior Community Service Employment Program (SCSEP)*

The WCCOA/AAA agrees with the N4A recommendation that the benefits of the Senior Community Service Employment Program could be significantly increased for the elderly by coordinating the Title V program with the existing OAA network on aging, and we recommend that the benefit package be standardized.

The WCCOA/AAA supports the following other areas:

1. The elevation of the Commissioner to Assistant Secretary (NASUA).
2. Change in how III-C contributions are used, i.e., ". . . to provide meals," rather than ". . . to increase the number of meals" (N4A).
3. The concept of identifying a specific funding level for Ombudsman activities, and urge increased funding (N4A).
4. Restoration of Title IV funding to FY80 levels (NASUA).
5. That the OAA be extended three years (N4A).

The WCCOA/AAA disagrees with the following areas:

1. The proposed deletion by N4A of senior centers being designated as community focal points.
2. N4A's addition of case management to access services. WCCOA/AAA supports case management, however.
3. N4A's proposed deletion of ". . . primary consideration shall be given to the provision of meals in a congregate setting . . .". This provision should remain in the OAA so that the congregate meal program is not diminished in favor of homebound meals. However, the WCCOA/AAA would support increased funding of homebound meals due to increased need.
4. N4A's proposed change in reference to supportive services, nutrition services, and multi-purpose senior centers to health and supportive social services. Although WCCOA/AAA agrees in part with these changes, we feel they could result in decreased emphasis on the specific services.

SUPPORTIVE SERVICES

The Washington County Commission on Aging, Inc./AAA works in cooperation with many agencies and receives local, state, and federal support in order to provide the services necessary to meet the needs of the area's senior citizens. The financial support received from the county is not designated for any particular service; however, some state funds are received in support of a particular program. Local funds received from organizations or service clubs are also usually designated for a specific service for seniors. Contributions received from our elderly clients are used in support of the service the WCCOA/AAA provides. There is no charge for these services; however, contributions are always encouraged. The following descriptions of the services provided by the WCCOA/AAA for senior citizens will include any special support not provided by the Older Americans Act.

Information and Referral service is provided to senior citizens, so they are made aware of what services are available and where to get whatever assistance they need. Many times, senior citizens do not receive the help they are entitled to because, without proper guidance, they are referred from one agency to another and they begin to feel that the assistance needed is not worth the energy expended.

The Governor and the State Legislature recognized this problem and initiated a program called Gateway. Gateway I is designed to provide the elderly with a single point of entry where they may not only receive information, guidance and/or referrals, but also assistance with the completion of required forms and specific directions through the maze of guidelines, eligibility requirements, documentations, etc. Gateway II provides services to frail or health impaired elderly persons at risk of institutionalization. Both Gateway I and Gateway II are State funded programs.

An informative newsletter, titled "The Keenager", is printed quarterly and mailed to any senior citizen upon request. At present, the "Keenager" is sent to approximately 3,000 seniors.

An employment and housing referral service is provided for senior citizens who are looking for work or interested in hiring someone to work for them. Assistance is provided to help the elderly locate low-cost or subsidized housing. This service is the responsibility of a Senior Aide.

Outreach service is designed to inform the elderly in Washington County about the programs and services available through the WCCOA/AAA and the other agencies and organizations who provide assistance for senior citizens. The WCCOA/AAA has five outreach workers. Four are employed by the Senior Aide and Green Thumb programs and one is employed directly by the WCCOA/AAA. Each worker is assigned to a specific area of the county to seek out and inform senior citizens; and, they regularly visit the nutrition sites in their area to provide information to the participants. There are 24 Senior Citizens Clubs in Washington County who are affiliated with the WCCOA/AAA, and they provide excellent outreach services in their respective communities. The Nutrition Site Managers also provide outreach service by informing their participants of available assistance. The Outreach Workers, Senior Citizen Club members, and Nutrition Site Managers all refer cases to the Gateway/Information and Referral office for appropriate action. Through this outreach system, 7,694 persons were served in FY83.

Transportation is one of the greatest needs of senior citizens. The Commission on Aging provides transportation to and from congregate dining sites, medical appointments, super markets, service-providing agencies, and various senior citizens activities. Seniors who need not only transportation, but escort service as well, are transported by outreach workers and volunteers in private cars. Volunteer drivers transport the isolated elderly in Washington County, who have no other means of transportation, to and from medical appointments. In FY83, senior citizens were provided 41,129 units of transportation service through the WCCOA/AAA.

Legal Services provides a single point of entry for the senior citizen who needs legal guidance and/or assistance. The Assistant for Legal Services interviews the client, accesses their need, and takes the appropriate action. Also, the Assistant for Legal Services acts as an advocate for the elderly and protects their interests concerning benefit programs such as Medicare, Medicaid, Food Stamps, Social Security and Supplementary Income.

The WCCOA/AAA contracts with a local law firm to provide legal consultation, simple wills, and powers of attorney for the elderly. The 60 Plus Wills program is used, and appropriate referrals are made to the Legal Aid Bureau.

The Assistant for Legal Services also prepares and conducts educational programs at Senior Citizen Centers, Senior Citizen Club meetings and Nutrition Sites to make the elderly aware of their rights concerning public benefits and consumer problems.

Telephone Reassurance provides volunteers who telephone senior citizens who are isolated, homebound, or just lonely. The calls are placed as often as the client desires to be contacted. This service provides the elderly with a new friend, contact with the community, and a safety check on their well-being. This service is the responsibility of a Senior Aide.

Friendly Visitation provides volunteers who visit senior citizens in their home. These visits are made at least once a week for a minimum of 20–30 minutes. The visits provide the senior with a new friend, contact with the world outside their home, and a safety check on their well-being. An average of 110 seniors were visited monthly during the past year.

Homemaker/Home Health Aide Services are provided by the WCCOA/AAA through a subgrant awarded to the Washington County Department of Social Services. This program provides in-home personal care for the elderly. A homebound senior citizen, who is severely disabled, may need assistance with: bathing, shampooing hair, nail care, ambulation, and physical therapy. Assistance is also provided with general housekeeping and laundry. If these services can be delivered to the homebound elderly on a regular basis, institutionalization may be delayed or avoided. Keeping the senior citizens in their home is beneficial to them mentally, emotionally, and financially. It is more economical to provide these services in the community than to financially support an elderly person in a nursing home. Most of the elderly who need these services are Medical Assistance clients and nursing home admittance for them, under what is termed "light care", is becoming more and more difficult.

The federal funds applied to this subgrant in FY83 provided 227 units of service to 28 elderly clients monthly. The program also has three Senior Aide positions under Title V of the Older Americans Act.

Chore service is provided for the elderly who need assistance in doing small household chores, due to temporary or permanent incapacity. Simple housekeeping, minor home repairs, laundry, grocery shopping or yard work can be impossible tasks for some senior citizens. The frail elderly, 75 years of age and over, often cannot perform relatively heavy work, such as scrubbing floors or mowing lawns. Some seniors require a regularly scheduled worker to help them maintain proper and adequate living conditions. During FY83, approximately 2,000 senior citizens received chore services in Washington County.

Escort service is another form of transportation provided for seniors by the WCCOA/AAA. Many senior citizens not only need transportation service to and from medical appointments, service providing agencies, and drug stores, but they also need someone who will stay with them and provide some assistance. Escort service is designed to meet this need. The Outreach workers, Chore workers, and volunteers are utilized to perform this service.

Health Related Services are provided by the WCCOA/AAA because as persons grow older, their health problems generally increase. This often results in excessive expenses which many seniors cannot afford. Sometimes, because of financial problems, the older person will neglect a regular check on something as important as hypertension. The WCCOA/AAA is now providing a bi-monthly hypertension screening for senior citizens. A variety of health screenings are scheduled in various parts of the county throughout each year in cooperation with the health care providing agencies in Washington County, and the WCCOA/AAA provides transportation for seniors to the screening sites. In conjunction with the Washington County Health Department, flu immunizations are provided annually for the elderly.

An effort is made to educate the elderly concerning proper nutrition, health services available in the county, the value of generic drugs, and the possible dangers of combining some drugs with certain foods. We have established our own medical equipment service through which we loan equipment such as: walkers, canes, and port-a-potties to our senior citizens. If an item is requested that we do not have, we refer those clients to Goodwill Industries who also has medical equipment to loan. In addition, we have used hearing aids donated to us. They are reconditioned by a local hearing aid company, and we make them available to seniors in need.

In FY83, the WCCOA/AAA provided some 3,000 senior citizens with Health Related Services.

The Social and Recreation element provides the senior citizens with enjoyable, stimulating activities and programs which encourages socialization. Loss of family and friends, which accompanies aging, often contributes to loneliness, therefore opportunities must be provided for the elderly to satisfy a basic need to love and be loved. Progams and activities offered must be varied to satisfy the needs and interests of all age categories, keeping in mind that, although physical limitations may prohibit participation in some activities, the need for socialization and recreation

still exists. The WCCOA/AAA offers a variety of activities which encourages both individual self-expression and group participation.

A Senior Aide works as an Activities Aide and schedules interesting and informative programs at the Senior Citizens Centers and at the Nutrition Sites. The twenty-four Senior Citizens Clubs, located throughout Washington County, provide excellent social and recreational opportunities for senior citizens in their own neighborhoods.

Continuing Education is provided by the WCCOA/AAA because the beginning of "old age" should not mean the end of learning and the joy of accomplishment. Many seniors are anxious to set new goals and renew old skills.

In cooperation with the Hagerstown Junior College, the WCCOA/AAA sponsors two semesters of educational classes each year. These classes are held at the Senior Citizens Centers and at many other locations throughout the county. Some classes contribute to the elderly person's physical well-being, such as exercise and dancing; some are arts and craft classes where seniors can learn new skills and be creative, such as oil painting, chair caning or ceramics; and, some are designed to provide aid for the senior with daily problems, such as law and psychology.

Miscellaneous informative and educational programs are offered at the Senior Citizens Centers, the Nutrition Sites, and the Senior Citizen Club meetings.

During FY83, educational programs and classes were provided for over 3,500 senior citizens in Washington County.

Respite Service is designed to alleviate the problem of finding someone to care for the shut-in senior citizen while the family shops for groceries, keeps medical appointments, or takes care of the basic errands so necessary to running the household. Respite Service clients are the frail elderly and 85–90% are 75 years of age and over.

When an elderly family member suffers an illness that results in that person requiring constant care, in many cases institutionalization is not the solution to the problem. Nursing homes may be full and have waiting lists. The expense of nursing home care is extremely high and, in many cases, the elderly person does not need skilled care and would be much happier if he or she could remain at home. However, the constant care of a homebound elderly person can become a real burden on the family or person responsible for maintaining this care twenty-four hours a day, seven days a week. This service is coordinated by a Senior Aide under the supervision of the Director of Supportive Services.

The WCCOA/AAA, through the Crisis Intervention function, is in a position to intervene on a stopgap basis in situations where life or health is endangered. Inherent in the intervention effort is the expectancy that funds from this program will not be a permanent solution, but will provide time to seek other resources or services to resolve the problem.

One segment of the population that seems to be greatly affected by the state of the economy is the elderly. Those on a limited income must try to cope with constantly rising costs for housing, food, fuel, medical services, prescriptions, etc. Sometimes senior citizens find themselves in crisis situations. They may have already received all the assistance that is available through other agencies and still they cannot meet their expenses, or they may be ineligible for assistance because their income is just slightly above the financial guidelines.

Many of the service providing agencies are either unable to respond rapidly to an immediate need, or their guidelines do not allow for the expenditures required to provide assistance in certain areas i.e., the purchase of prescriptions or hearing aids.

Physical Fitness is especially important for older persons who have reached the age when the natural aging process of the body hastens the pace of degeneration. Maintaining physical fitness can help retard the onset of degenerative diseases associated with old age and thus help us to look and feel well.

The Washington County Commission on Aging schedules physical fitness activities that seniors may attend. To encourage this group of seniors to remain active and thereby improve their health, exercise programs are regularly scheduled at locations where seniors get together for other services and programs such as Nutrition Sites and Senior Citizens Clubs.

Shopping Assistance is provided for the elderly in Washington County for a variety of reasons. Some senior citizens have no transportation, while others need both transportation and some degree of help with their shopping. Others cannot do their own shopping because they are physically impaired in some way or completely homebound, and these seniors need someone to do their shopping for them. Chore workers provide the shopping assistance.

In addition, group shopping trips to area malls are provided for elderly clients who could not travel by themselves. The WCCOA/AAA minibuses provide this

transportation at no charge to the seniors. However, they are encouraged to contribute whatever amount they can afford toward the service.

NUTRITION

Nutrition services and programs are made available to many area senior citizens under federal, state, and local funding received by the WCCOA/AAA, and by utilizing resources made available by many agencies and organizations throughout Washington County.

Currently, under the Nutrition Program we have been able *to serve all eligible* persons who request our services; however, we continue on an ongoing basis, to identify unmet needs.

Without the Older Americans Act Title III-C Nutrition Programs, many senior citizens would probably suffer from malnutrition and other illnesses, and could be institutionalized prematurely because proper nutrition was not available to them.

*Congregate meals, title III-C(1)*

Congregate Nutrition Sites provide for both the nutritional and social needs of our senior citizens. By utilizing churches, public housing, and other community buildings, we are able to provide Nutrition Sites at nine locations throughout Washington County. Congregate meals are an excellent resource for persons who are unable to prepare well balanced meals for themselves. The Nutrition Sites operate five days a week, Monday thru Friday, and are open approximately four hours a day. Also, freeze dried foods are provided in emergency cases and for weekends.

Hot nutritious meals, that meet one-third of the Recommended Daily Allowance (RDA) requirements, are served to persons age 60 and above and their spouses. A contribution is requested from each person who receives a meal; however, no one is refused a meal because he or she cannot afford to pay. These donations or contributions are put back into the program to purchase more meals.

Because the program is also designed to meet the social needs of the elderly, physical fitness activities, nutrition education, crafts, field trips, films, library books, and games are included as part of the schedule at each nutrition site.

For the current program year, we have projected to serve 245 seniors daily for a total of over 63,000 congregate meals.

*Home delivered meals, title III-C(2)*

Home Delivered meals are provided to elderly homebound individuals who have disabilities that render them unable to attend a Congregate Nutrition Site.

As a result of an assessment, persons 60 years of age and older, and their spouses, are placed on the program. A reassessment is made periodically to ensure that they continue to be homebound and it is necessary for them to continue on the program. Providing home delivered meals helps to improve their health status and may prevent premature institutionalization.

Participants are provided a friendly visit daily, Monday thru Friday, from volunteers who deliver the meals. For some of these isolated persons, this is the only contact they have with the outside world. Volunteers are recruited from our Retired Senior Volunteer Program and various other organizations, as well as the general public. The volunteer delivering the meals also provides daily surveillance of the client's health and physical needs and, if necessary, will inform the Gateway/Information and Referral Office to take appropriate action.

A contribition is requested from each individual who receives meals, and such donations/contribitons are put back into the program to buy more meals. For the current program year, we have projected to serve approximately 65 people daily for a total of over 15,000 home delivered meals.

*Conclusion*

In conclusion, we feel that the purpose and intent of the programs mandated under the Older Americans Act have been to assist the elderly to promote and maintain their independence in society, and that this focus should be retained. Also, we feel that, as the number of our elderly population increases, particularly the frail elderly, to maintain their independence and to avoid or delay premature admission to nursing homes, a greater commitment to community based long-term care should be an objective of the OAA. In addition, as admission to nursing homes becomes necessary, we feel our obligation to serve the elderly, thru such programs as Life Support, Ombudsman, and Guardianship, should continue to be an important and necessary aspect of providing services to the elderly.

We feel it is important to develop and maintain a balance between: promoting and maintaining independence, thru such services as congregate meals, and senior

center activities; and, enhancing independence thru community based long-term care services, such as, the State of Maryland's Gateway II Program, as well as other in-home services.

We, of the Washington County Commission on Aging/Area Agency on Aging, fully support and urge Congressional reauthorization of the Older Americans Act for another three year period.

**STATEMENT OF SHIRLEY GUESSFORD, WASHINGTON COUNTY COMMISSION ON AGING/AREA AGENCY ON AGING, DIRECTOR SUPPORTIVE SERVICES**

Mrs. GUESSFORD. In our written testimony, I think the services that we provide were pretty fully explained and what I would like to do is go through those services mainly to highlight the cooperation with other agencies, the use of title V workers, the funding sources other than the Older Americans Act and senior citizens involvement in service delivery.

Our information and referral service is tightly interwoven with the Gateway I Program. In Washington County we had an information and referral service that was working very well before Gateway I was instituted but Gateway I gave us the opportunity to do a much better job on a wider scale and in greater depth.

So we're very grateful that we have the State funded Gateway I Program.

We also involve senior citizens in information and referral and outreach which are tightly knitted together, one does not work without the other. We have outreach workers who are employed under the Green Thumb Program and the Senior Aide Program and we have 24 senior citizens clubs in Washington County who are independent organizations affiliated with the Commission on Aging.

We try to help them frequently with minor monetary support when it is needed, but I meet with those clubs' officers quarterly and they provide an excellent outreach network over our county because they're located in practically every community across the county.

So we are able to correspond with them. I send them notices of changes in guidelines, some new program that's available, and as soon as the mail gets there, 24 clubs, not just individuals, are informed of what is new or what is helpful to them.

Our transportation system would be in trouble if it were not for the cooperation of the Community Action Council. They help transport some of our seniors to nutrition sites and to social activities. As Mr. Garver said, we have the Rotary Club cooperating with us in the Hancock area providing transportation.

We also have volunteers who provide transportation and we offer to reimburse them for mileage, they very often do not accept it.

Under legal services, I think our county is rather unique. We have a contract with a local firm of attorneys. We have an assistant for legal services who works for the Commission on Aging and we do work with the 60-plus Wills Program and the Legal Aid Bureau. We make referrals to Legal Aid but I think our county is rather unique in working with a private law firm.

We have both the Telephone Reassurance and Friendly Visitation Programs and they have been terribly successful in the county and of course they are totally volunteer programs. Both of them

are coordinated by a senior aide that works for the Commission on Aging.

While we're talking about volunteers, I wanted to mention awhile ago, I think one of the reasons that we are getting more and more volunteers and we're keeping them is because we have finally learned to treat them better. We have gotten smart enough to realize that they should be treated as an employee with no pay.

They need to be trained, they need to be given specific duties, and they certainly need to be praised for what they do. So I think because we are doing that and we've developed a better volunteer system.

We have a Homemaker/Home Health Aide Program that is a subgrant that is awarded to the Department of Social Services and they actually operate that program for the Commission on Aging through that grant. So there again, it's two agencies working together.

Under our chore service, we have one senior aide and three Green Thumb employees who help provide chore services to the elderly in the county. We provide escort transportation. We are finding more and more the older older Americans cannot use public transportation, they can't use the transportation system that is just drop off and pick up and they really need someone to stay with them.

So we do that through the use of our outreach workers, some of whom are title V, chore workers some of whom are title V, and through volunteers.

Our health related services, I think would collapse totally if it were not for cooperation of other agencies and institutions. We do a bimonthly hypertension screening totaily with the use of volunteers, retired nurses, LPN's, RN's, and so forth.

We work very, very closely with the Washington County Health Department and we do a flu immunization each year and we've usually treated about 800 seniors each year through this program. We have cooperated with the Health Department and other health providing agencies in the county and done health screenings on practically everything from foot problems to eye and dental and hearing and so forth.

We have done programs on generic drugs, prescription drugs, and we have plans for scheduling some health programs during Older Americans Month because the stress that month is on health.

Social and recreation, I think we provide everything we can think of across-the-board and again it must be done with very, very little funds so we rely on people who will volunteer time or at little or no cost and again we have a senior aide who works as an activities aide to help schedule programs of both an informative and an entertaining nature.

Our continuing education would practically be nonexistent if it were not for the cooperation of the college in which this meeting is being held. Hagerstown Junior College has been very supportive of us and they provide two semesters of education classes for seniors each year.

They are 12-week semesters and we have classes in exercise and dancing and slimnastics for physical fitness purposes, we have oil

painting and chair caning and ceramics and that type of thing for craft-minded people and we also have classes in such things as law and psychology for the elderly.

We provide informative and educational programs at the centers and nutrition sites and at the clubs and our classes are scheduled not only at our senior centers, they're scheduled all over the county. We are using church buildings, community centers, and town halls to provide continuing education classes for the elderly across the county.

We have a respite service that we provide in Washington County and that really deals very, very much with the frail elderly, 75 and over. The workers under that service are contractual workers and that affords us the opportunity of using people for a limited amount of time and paying only for that and we pay them a 10-percent fringe so we do not get into the administrative costs of deductions and so forth. The respite service provides care for a homebound elderly person while the family member, who is caring for the person, can grocery shop, keep medical appointments or run errands necessary to maintain the home.

We have a Crisis Intervention Program in Washington County so that we can jump in quickly and help a person who has perhaps received a cutoff notice from a utility company or they are totally out of fuel or food or something of that nature.

The Crisis Intervention Program is meant to be a stopgap help and not a long-term solution to a problem. Our crisis intervention funds are extremely limited and there again if it were not for the cooperation between county agencies—we pull in everybody, we call the Salvation Army, we have a local social services group that was organized by the churches and the churches feed funds into that so we call them and it's $10 from here and $15 from there and pooling it in order to help the senior.

Mr. DAUB. Is that a pantry program for canned foods and things like that?

Mrs. GUESSFORD. We have that, too. But this is social services help across-the-board, they'll help with anything. They'll help with food, clothing, and give financial assistance. It has to be on a very small scale per person but that's the reason why we pull $15 from here and $10 from there until you can get together the amount of money you need.

We're very much aware of physical fitness and again if it were not for a lot of the junior college programs, we could not help our seniors as much as we do. We are working with them again during Older Americans Month. We're going to have a senior citizens walk out here at the college and a physical fitness fair and some generic drug programs that we will be doing with the Health Department.

We do shopping assistance for our seniors and again we're talking about people who either need someone to be with them or need them to do the job for them and we do it both ways. We take them shopping and stay with them and help them with it and we also pick up their grocery lists and buy their groceries for them.

I would like to see the funds allocated under the Older Americans Act increased. Anyone who works with seniors daily and sometimes has to say no, I don't think could say anything else. The

same level year after year in reality is a decrease for us due to inflation.

The number of senior citizens we all know is increasing and seniors are living longer so we find more and more people needing supportive services and especially services that are taken to the home or in-home services.

The supportive services provided under the Older Americans Act are very often the assistance that keeps the elderly in their home, helps them maintain their independence and prevents institutionalization. It is very difficult to keep providing more and more service or even to maintain the level of service when you must work with less and less money.

I think Mary-Mae would like to talk about nutrition. She's the director of nutrition, unless you have questions for me.

Ms. BYRON. I have a couple of questions.

You indicated support for greater coordination on title V for the programs in your written testimony. I gather that you would prefer to see the program administered under the Administration on Aging rather than under the Department of Labor? I guess, Mr. Garver, you can probably handle that one.

Mr. GARVER. Our concern here is primarily in the area of the benefits package. Under title V where we have Senior Aides and Green Thumb employees working side by side the benefits that are provided under one program, the Senior Aide Program, are different, and in some cases better, than the benefits offered under the Green Thumb Program.

We feel that if there could be a standardized benefit program for both, the Green Thumb employees and the Senior Aides, it would make for a much better working relationship and the whole program would function in a better fashion.

Mrs. GUESSFORD. We sometimes find if we are employing a person to fill a Green Thumb position in particular we may be dealing with a widow in her late fifties. The wages she would earn as a Green Thumb worker would barely cover what she would have to pay for health insurance and she gets no health insurance through Green Thumb employment and that has been very difficult for us to work with.

Ms. BYRON. You also indicated the support for the flexibility of shifting funds from nutrition to community services. Would you be inclined to support the recommendation by the Federal Council on Aging that under the title III funding distribution to the States there would be no distinction between part (b) and part (c)?

Mr. Walker, I gather, had some problems with that. Would you look at it from a different aspect and on a different level?

Mr. GARVER. I think probably on a different level, yes. I think if it involved a grant function or program, we would have some concern to be sure that the money really got down to where it was intended to go.

We'd probably have some reservations on that aspect as well, even though we are looking at it from a different level.

Mrs. GUESSFORD. When you step down one more level, because there is the separation in the budgets III B and C, you find yourself relying on the cooperation of the people who operate the services under those budgets in order to be able to perform well in that

agency and personality should not come into play when you're talking about providing services for seniors.

For example, if you have a director of title III-B and a director of title III-C (1) and (2), and if they cooperate well, and can say, OK, we will buy this out of my budget this time and out of your budget next time and you can work that out between you, that's wonderful.

But if you happen to get two directors who do not work well together and have a clash, you can have turf protection and you can have problems—so for that reason down on our level I think it would be helpful if that were one budget and you worked for seniors out of one title III budget and didn't have those separate budget categories to cross. I, too, would not want to see the block grant system.

Ms. BYRON. OK. Mary-Mae, do you want to go ahead with your testimony?

Mr. DAUB. Can I have——

Ms. BYRON. Oh, I'm sorry excuse me.

Mr. DAUB [continuing]. Can I have a shot at Shirley here first?

Ms. BYRON. If you're nice. I mean, listen, where have you ever heard of so many innovative programs?

Mr. DAUB. I gotta tell you, you know, from what you said, you know, about first of all, better treatment and training for volunteers. I mean, I want to commend you for that, I mean, that is a very—that's a slogan that ought to be pasted on everybody's door that has this kind of work to do because it can be a marvelously rewarding experience and indeed a mechanism by which we deliver a lot more compassionate care to people who need it by utilizing the volunteer in that way.

So I think you should congratulate yourselves and I'm impressed. I'm particularly impressed by listening to all of the volunteer activity that you stimulate by the program mechanisms that are funded somewhere along the line.

Do you think that our national contractors are doing a better job of coordinating and cooperating now than they were 2 or 3 years ago on title V?

Ms. GUESSFORD. I think so, but again we come back to—because the Senior Aide Program offers certain benefits that the Green Thumb Program does not, what they have been talking to us about is trying to avoid placing two of those workers side by side and sometimes we have to pay the penalty for that.

If we have had a Senior Aide worker and a Green Thumb worker working side by side in approximately the same kind of job and you lose the Green Thumb worker, you may well lose the slot or the position itself simply because they want to avoid putting the two people together——

Mr. DAUB. Who wants to avoid that?

Mrs. GUESSFORD. The program, especially the Green Thumb Program.

Mr. DAUB. Is that right?

Mrs. GUESSFORD. They're very, very sensitive. We've been lucky. Primarily our Senior Aides work together and our Green Thumb people work together, it just worked out that way, and under the programs that have both Senior Aides and Green Thumb, they are

workers who work out in the community, so they are not in daily contact with one another, they're not side by side at a desk doing the same job.

Mr. DAUB. Well, that's why we're interested in doing something about that and changing it, perhaps.

I'm curious—on the question of block grants versus categorical, I don't really view the greater flexibility issue in those terms. There's a lot of horror stories that get painted about block grants versus categorical and all I want people to start doing is taking a look at their limited resources we all have and stop riding the horse in the dust in the path of the sunset and start looking at all the demographics and the changing delivery requirements we've got and start to figure out, because we are better at our jobs now and better in our total field of aging than we were before, about what potential can exist if there is a little more flexibility and opportunity to program that money.

Tell me in your opinion which would suffer. Would the meals programs suffer or would the supportive services suffer?

Mrs. GUESSFORD. I don't think either one would suffer. I would hate to think that any of it—any of the programs would suffer because——

Mr. DAUB. Isn't that what you're saying though generally? If you don't support block and you want to stay categorical that somebody somewhere is afraid that one or the other of the locally delivered programs is going to suffer?

Mrs. GUESSFORD. Well, the problem is—and I realize that. Again you're depending on people to care enough to do their job well and I guess it's a question of do you trust them enough. I would hope—I was trusted enough to do it. I have the Supportive Services Program but I certainly would not want to see us have more dances and bus trips and stop feeding people. That would be insane.

Mr. DAUB. What's the practical effect though? What do you think would happen?

Ms. BYRON. It would be up to the director of the programs.

Mr. DAUB. Forget the concern you have over people or forget the trust element, forget both of those. What would the practical impact be of more flexibility? Do you think there would be a shift?

Mrs. GUESSFORD. You mean one program would suffer?

Mr. DAUB. Yeah.

Mrs. GUESSFORD. No, I don't think they'd suffer.

Mr. DAUB. Ralph?

Mr. GARVER. If I may comment on that, sir?

Mr. DAUB. These are bottom line questions, you know, otherwise we shouldn't be talking about the issues. That's why we need to hear your really basic honest concerns——

Mr. GARVER. At the area agency level, I don't think it would make that much difference. I don't think an area agency director would allow one program to suffer at the expense of the others. I'm sure there would be a continuation of services the same as had preceeded that.

It's our understanding that somehow in dealing with block grants, the funds from topside, from the Federal Government, may not be either allocated or increased. The funds may not be funneled down in the same manner with the same assurance.

Mr. DAUB. See, we're not really talking about a block grant. That's what I want to try to get the message across. We're talking about consolidation in a categorical program. We're not talking about no strings attached Federal revenue sharing. You see the difference?

We're really talking about a consolidation here potentially with a flexibility level that may be 25 or 30 percent as opposed to the pure application of a no-strings attached block grant, go do what you want, you know, we don't care.

The State of Maryland, even if I remember correctly, has a 5 percent trigger, right, where they can make sure that there isn't any programmatic jolt that occurs within that flexibility framework, so I guess that's what I'm getting at in that regard.

But I'm really interested in your feelings because we're going to have to make that decision here one of these days——

Ms. BYRON. One of the things that I think we have here is—and I was handed a note from the back that said the comprehensiveness of these programs is astonishing, and I'm quoting, this is very atypical of the rest of the country, and I think we have looked at programs that you all are implementing and the State of Maryland is implementing that are very atypical to the rest of the country.

So, whereas you would say it wouldn't make any difference to your programs because those programs have been implemented, they have been understood, they have become a part of the community, they wouldn't be lost, but in some of those others and there again I go back to drafting legislation, the Older American Act which encompasses the entire country, many of the areas in the country don't have one-third of the programs that are implemented here, and that is——

Mr. DAUB. And that's why we shouldn't penalize the citizens of Maryland and allow the other program States to get more money to do things less resourcefully than you all have.

Ms. BYRON. But at the same time, those other States should have an opportunity to develop those kinds of programs with maybe some guidelines for them to implement with their funding level. It's a tough decision to make for flexibility that I think everybody that has testified today say that we need more local flexibility to meet the needs on a local level.

Mrs. GUESSFORD. And it depends a great deal upon what level we work on.

Ms. BYRON. Sure.

Mr. DAUB. Isn't that what you're saying?

Mrs. GUESSFORD. That really affects our viewpoint.

Mr. DAUB. But that's what you're saying, isn't it, Shirley?

Mrs. GUESSFORD. Yes.

Mr. DAUB. I want to make it very clear on the record.

Mrs. GUESSFORD. The first 3 years that I worked in the aging field, I did not deal with budgets——

Ms. BYRON. We dealed with implementing the services——

Mrs. GUESSFORD. Right, and I did everything and I didn't have to worry about can this be taken from that category or must it be paid from this and there was a wonderful freedom about that when you just deal with serving the people you are meant to serve across-the-board and you do whatever is necessary without trying

to figure out where each little penny is coming from out of each little category.

Ms. BYRON. Now, you were successful in that area. Now you have moved up a notch and you have the worries of how it's going to be implemented with the dollars that are there——

Mrs. GUESSFORD. Well, if you have a director, as Ralph said, who will not allow—would not allow it to happen and you have directors on the next level who have as much concern about each other's programs as they do their own and of course about the seniors we serve, it's not going to happen.

Mr. DAUB. Can I get a—I just want to be sure now I know where you're coming from and the record is clear, so you believe that there would be real benefits to adding flexibility or even a consolidation?

Mrs. GUESSFORD. I would like to see certainly some more flexibility, yes.

Mr. DAUB. Thank you, I agree.

Mrs. GUESSFORD. For example it seems rather foolish to say in Mary-Mae's budget, you may have this amount of money to serve food to people at a site, but you cannot have any money to get them there.

Mr. DAUB. Thank you.

Ms. BYRON. We're now going to let you give your testimony.

**STATEMENT OF MARY-MAE RAINES, WASHINGTON COUNTY COMMISSION ON AGING/AREA AGENCY ON AGING NUTRITION DIRECTOR**

Mrs. RAINES. I'll talk about the Nutrition Program—title III-C that's the Nutrition Program under the Older Americans Act. We have C(1) which is the congregate meals and under the congregate meals we are meeting two things here. We are meeting the nutritional need of the elderly person and also the social need.

We do this by utilizing all resources that we possibly can from our community, like churches, public housing, community buildings, town halls, and senior centers. Here in Washington County, we have nine nutrition sites. This helps the people, like I said, for social and also nutritional.

They operate 5 days a week, Monday through Friday, and are open approximately 4 hours a day and then on days when the sites can't be open like for bad weather or something like that, we do distribute freeze-dried foods to these people and also they can use them on weekends.

Hot nutritious meals that meet one-third of the recommended daily allowance requirements are served to persons age 60 and above and their spouses. A contribution is requested from each person who receives the meal. However, no one is refused a meal because he or she cannot afford it. These donations or contributions are put back into the program to purchase more meals.

Because the program is also designed to meet the social need of the elderly, physical fitness activities, nutrition ed, crafts, field trips, films, library books, and games are included as part of the schedule at each nutrition site.

For this year, we plan on serving 245 seniors daily which over the course of the year we will probably serve as many as a thousand unduplicated persons and we plan on serving approximately 63,000 meals.

Now under the title III-C(2), the home-delivered meals and these meals are provided to the homebound individual who is 60 years of age or older. An assessment is taken of a person requesting these meals and once they are found eligible for the program, they are put on the program and then an assessment is made approximately every 3 months as to whether this person will be able to continue on the meals.

They are provided a friendly visit each day by the volunteers who deliver the meals. This helps us keep in close contact with the homebound person and the volunteer that delivers the meal, they can make us aware of any health problems or any other services that this person might need.

By providing home-delivered meals to these people, it prevents being institutionalized prematurely and also under this program, the same, a contribution of 60 is asked.

We would like to see the Older Americans Act be reauthorized because of the services that we do provide to the people and if these services would have to be discontinued, well, a lot of people would suffer from malnutrition, would have to be institutionalized because they would not get proper nutrition.

We in this program, we utilize Green Thumb workers and Senior Aides at every one of our sites. We do have volunteers working in there and also participants work as volunteers helping the site manager with this.

Ms. Elsie Horst, president of our board of directors, will be making concluding remarks.

**STATEMENT OF ELSIE HORST, WASHINGTON COUNTY COMMISSION ON AGING/AREA AGENCY ON AGING, PRESIDENT, BOARD OF DIRECTORS**

Ms. HORST. I think all of you can see that our staff have a comprehensive job and you see that there's not much left for a volunteer board of directors to do. That's what I represent. We just advise and consent, I suppose you would say.

But I assure you that they serve every opportunity to promote and expand the program, to do the work that is good and most effective for the aging population. We have used the money that's available to promote all these projects and we're continually seeing other avenues through which we could be of more service which would, of course, need more money.

So we do hope that the Older American Act will be reauthorized at the present or higher financial level. We have heard it said that the love of money is the root of all evil but I'm going to say the love of sharing money is not the root of evil but it is the means of doing good.

So we plead, we beg, we entreat that the money be forthcoming and we as a Commission on Aging in Washington County will make good things happen for the elderly population.

Ms. BYRON. The most important ingredient in any program.

Let me touch on a couple of the questions that I have on the nutritional aspect.

Are you seeing a significant increase in the demand for home delivery?

Mrs. RAINES. As a person gets older, they get more frail, not able to get out and that's long term, putting them on meals program because there's no chance of them improving any, yes.

Ms. BYRON. But you're basically finding some of your regulars from your congregate meal sites who become homebound then——

Mrs. RAINES. They require——

Ms. BYRON [continuing]. Require the home program. Could you touch a little bit more in depth on your feeling on the mandatory versus the voluntary aspect of the contribution for meals? Do you feel that the decision on that should be probably implemented at the local level because once again, the local level really knows best where the problems are?

Mrs. RAINES. OK. Here in Washington County, we do have a problem with contributions and mainly that is when the nutrition program was introduced in Washington County, the board of directors at that time decided that no contribution would be asked.

The State, you know, said that we should so we started asking for contributions. But once a person gets something for free and they're used to getting it, then it's hard getting it out of them. So our contribution is low, we keep it as low as we possibly can for budget purposes to make up what we need.

But we need that money that comes in because it helps us buy more meals.

Mr. DAUB. What is your average meal cost?

Mrs. RAINES. Our average meal cost——

Mr. GARVER. The donation?

Mr. DAUB. No, the average meal cost, not say for the congregate site now.

Ms. BYRON. In Washington County——

Mr. DAUB. In Washington County.

Mrs. RAINES. OK. We have two prices. We contract with the board of education here in Washington County. We have a price of $2.20 a day on days when the schools are in operation. Then we have a price of $2.35 on days when schools are closed.

Mr. DAUB. OK. Now, what is the average cost for the contracted home-delivered meal?

Mrs. RAINES. OK. We do home-delivered meals two ways, too, through the board of education. We have some meals coming to some of the areas where the Meals-on-Wheels Program does not provide the service, we provide home-delivered meals throughout congregate meal sites. So there again, we have the same price of $2.20 and $2.35.

Then the remainder which is the majority of our home-delivered meals comes from the Community Action Council Meals-on-Wheels Program and that is $2.65.

Mr. DAUB. What is the average contribution now on each of those? If you can go back and add that to the record so that we just get a comparison.

Mrs. RAINES. Do you want overall of the two programs or——

Mr. DAUB. In Washington County now and given the problem you're saying with getting the contribution even discussed, let alone made, is about 60 cents you said——

Mrs. RAINES. No, it is running approximately 45 cents.

Mr. DAUB. 45——

Mrs. RAINES. We asked a 60 cent contribution but the average is running 45 cents.

Mr. DAUB. All right, but you do suggest a figure then as opposed to saying $1 or nothing, you say we hope that you can, you could see your way clear to contribute——

Mrs. RAINES. Right.

Mr. DAUB. And then do you tell me—do you post the budget so that they get a chance to see in the nutrition site kind of where you're coming out at the end of each year?

Mrs. RAINES. We don't post the budget at each nutrition site. We post how much the meals cost and the contribution that we are asking.

Mr. DAUB. All right. That's important because I think that there is—I think every senior that enjoys the social and nutritional aspects of the nutrition site would if they could, if they understood what the whole system is and how it operates and what keeps it going, and I commend you for posting the cost of the meals and suggesting a contribution.

I don't think it's to be mandatory, of course it's not——

Ms. BYRON. What percentage of the individuals you serve at the meal sites are unable to contribute?

Mrs. RAINES. I would say approximately 10 percent.

Ms. BYRON. Ten percent are unable to contribute or 10 percent do not contribute?

Mrs. RAINES. Well, unable or do not, I——

Mr. GARVER. That may be sort of hard to judge because we have a contribution box with envelopes, and it can be done in private if the person wishes. They can put whatever they wish into the envelope and put the envelope into the contribution box.

Ms. BYRON. But you have an idea of how many meals have been served and how many envelopes are in the box, so it's about 10 percent——

Mrs. RAINES. I would say around that.

Ms. BYRON. Which is a very low percent, really, when you look at it.

Mrs. RAINES. Most people are willing to give something even if it isn't the full 60 cents.

Mr. DAUB. You want to avoid any possibility of an observation of intimidation in the whole process and I agree with that and I think it's very critical to the way it's operating. Otherwise, people won't come.

Mrs. RAINES. This is a requirement that—it's on an honor system and privacy.

Mr. DAUB. It's just a balancing thing that you have to—it's different everywhere in the country. I mean, I know, so I think it's important that you're very sensitive to your own local needs and object any time Uncle Sam starts dictating those kind of rules to you because you need to work them out carefully here.

Mr. GARVER. We feel the contribution should remain voluntary, and I don't see where we could support a mandatory contribution of any type.

Mrs. GUESSFORD. All of our contribution systems for the various services are operated primarily in the same way. We use envelopes to ensure privacy and we suggest a minimum amount to be contributed for the service provided.

Ms. BYRON. This panel has been tremendous and I'm sorry we're running over on time.

Hal has one more question for Mr. Walker and then we're going to move on to the next and last panel.

Mr. DAUB. I appreciate that, Madam Chairman.

Mr. Walker, could you tell me on the targeting, greatest economic and social need, if you have the figures handy and if you don't, please submit them, if you would, to the record, what is your minority participation, is it increasing, what is your low income participation statewide, and is it increasing? If you know, and if not, a letter would be fine.

Mr. WALKER. I'll send you a letter on the minority participation.

Mr. DAUB. Would you? Good. We gather that kind of information just like on the meals dialog because it helps us—we pick up 10 field hearings and get 10 sets of data and you know, no one really volunteers this unless we ask it and then we can see if the guidelines at the Federal level are working right—so comment as well how you feel those guidelines affect you.

Ms. BYRON. One of the things that I think you have brought very much forward today is the fact the programs that are administered on a local level, the funding level that comes from the Federal and the State involvement, is services are getting down to the people and that is not always the case and I think you all are to be commended for that.

I've listened to other hearings where the funds are there, but the services are not being delivered and I think the important thing that came out was the multitude of services and the fact that on the local level the flexibility is needed to make those decisions.

Thank you all again for coming this morning and giving us very good testimony.

We have one final panel; Alec Olson with Service Providers, the administrator of the Green Thumb Program; Susan Hirsch, the director of the Northwest Senior Citizens Center in Baltimore, MD, president of the Maryland Association of Senior Centers; Mary Jane Lyman, director of the Waxter Center for Senior Citizens in Baltimore, deputy director of aging—retired—Baltimore Commission of Aging; Michaela Whitaker, coordinator, Washington County Meals-on-Wheels Program. Would that panel please come forward? Mr. Olson, do you want to start?

## STATEMENT OF ALEC OLSON, DIRECTOR, GREEN THUMB, INC.

Mr. OLSON. Thank you, Madam Chairman, and Congressman Daub, it's a pleasure to be here. I especially want to thank you, Congressman Byron, for inviting me up. As you know, I appeared just recently at hearings in Washington and I described briefly

then the overview of Green Thumb and I think it would be appropriate here to keep my remarks rather brief.

But to touch on just a couple of things and then I know from what has transpired so far, there will be a couple of specific questions because there's been at least two or three specific concerns registered here as to Green Thumb operations.

I don't get this kind of an opportunity very often and therefore I want to again want to say thanks again because this is part of my job that I don't have the opportunity to participate in as often as I'd like. It's close by and I, too, am benefiting from these views expressed about how the Older Americans Act works as a whole.

I am, of course, only specifically charged or responsible for administering the title V program, but the emphasis on coordination is such and is required to the extent that I cannot be unmindful of the aspects of how other services are delivered in the community because we are participants.

The Older Americans Act, title V, is appropriately a part of the act because we serve older Americans and I think that title V is also properly administered by the Department of Agriculture because it is a work program and if we look at the whole, and I think I have the opportunity to recognize that each and every working day, that we don't narrow our focus so that we are just concentrating on one aspect because title V participates in such a large area across the Nation, 45 States and the Commonwealth of Puerto Rico and because we participate in delivering meals, placing people in battered women's centers, mental health centers, hospitals, schools, we get an overview and we are constantly reminded each day that older Americans need employment.

I think that leads us directly into a couple of the comments I'd like to make that I appreciate especially hearing what's been said this morning about them.

Just briefly, I have an article here that comes out of a report that I'd just like to read this one paragraph.

> For the person over age 55 who needs additional income, the Senior Community Service Program funded under title V of the Older Americans Act has been an alternate source of employment. This program provides 62,500 part-time community service jobs to low income persons.
>
> In 1983, almost 100,000 poor, elderly persons held these jobs which gave them the opportunity to earn needed income while providing the community, including many other older Americans with much needed service. One-third of those employed through the SCSEP are minorities, two-thirds are women, all title V workers have incomes below 125 percent of poverty, currently 81 percent of incomes below the poverty level.
>
> About half of the participants are over age 65 and one-quarter are over 70.

Mary, who appeared earlier, Mary Cutsail and I have never met, we've never talked on the telephone and I'm going to introduce myself and visit with her later because she is a title V enrollee. She mentioned the fact that she'd like to see the income eligibility raised and I would just quickly point out that title V is means tested and because it is an income support program, it is necessary, Mary, and Congressman and Congresslady, that it is means tested and we want to make sure that we understand that.

As Congressman Daub who appropriately pointed out in response, we would just spread further and serve less people and I must say that even though I pointed out that 100,000 older Ameri-

cans were served last year, they were enrolled, they were placed in unsubsidized jobs, or they couldn't any longer be included in the program for health reasons or whatever, that's a very small number.

I appreciate as much as I know that you have this morning hearing about that strong network, especially evidenced here about cooperation and how we reach a lot of people, because if we don't do that in title V, the numbers are so small that frankly somebody could throw—everybody could throw our hands up at any point and say why—you know, we aren't going far enough or deep enough and we're not having a big enough impact.

We do think we have that impact. We don't think—I don't think that I heard this morning that we don't have. Green Thumb serves primarily rural areas and we are involved in placing persons in about 9,000 host agencies across the country.

So that magnifies, multiplies our opportunity of having that kind of impact as we make that kind of reach.

There was another point brought out about the difference in benefits and that Green Thumb was especially firm on not wanting to duplicate enrollees in the same host agency. I plead guilty. There is a reason. It may not be the best one, it may not be right, but it is as follows.

We believe very strongly that Congress meant business and they meant it correctly when they insist on equitable distribution and efficiency in administering the program and while we especially are cognizant of the transportation problems that you have in rural areas, we don't want to absent supervision but we also don't want that supervision to have to be going back and be duplicating what the supervision available for another contractor in the same area.

I again don't participate more than I feel is justified but just a week ago I went to one of our units and participated in and chaired, in fact, the equitable distribution meeting and though things are good as far as cooperation and increasingly good, they're not always as good as we've heard here this morning.

Sometimes someone has to rather arbitrarily say, now, that's the way it's going to be and that day, I recall, we moved 16 slots, not jeopardizing the enrollee's job, but we said that will be done in the next year, we will not duplicate for service. You can't move the forest so we get out and we don't have that kind of overlap and duplication.

Now on benefits, a comment was made that the lack of health benefits on the part of Green Thumb for its enrollees means that sometimes they spend almost as much as they earn for health coverage. If that were to be literally so, then it would mean that if we bought the health insurance, we would eat up so much of the benefit that we would have less wages.

Now, the wages for two individuals might be the same but I'd suggest that, for instance, in the coming year we have about 17,100 slots in Green Thumb and our last payroll, the payroll summary I read the other day, we paid about 18,500 people.

So that money is going to worker wages rather than buying that extra fringe benefit.

One other point that is significant. We want unsubsidized placement and if those persons who get jobs need jobs, want jobs, then we should be looking for the greater opportunity to have a better job, one that might have more hours, one might have more pay, and it might have better benefits.

Now, if we load too much in, then we've got a natural resistance to leading and everybody wants to be comfortable, we all do, I do in my job, I respectfully suggest you may, too, and the truth of the matter is that there is a balance in here.

So we've weighed the pros and the cons and, yes, we should have uniformity. It might well be that sometimes out of not being precisely uniform amongst the contractors, we learn from each other's experience and we do move toward that uniformity.

I would believe that it may be that the contractor that does provide health benefits might rather be not providing them as we do because it might induce more working toward being able to make unsubsidized placement.

I guess that really I wouldn't take anymore of your time because I would rather that we got done to some specifics that you might have in mind that I may have neglected to touch on. This combined with the fact that I did testify the other day and it is a matter of the record, if there are any other questions here this morning or anything else that comes up, I would be happy to address myself to that.

Ms. BYRON. OK, fine. I think we will go ahead with the panel's testimony before we get into questions because last time we got a little sidetracked. Go ahead.

## STATEMENT OF SUSAN HIRSCH, PRESIDENT, MARYLAND ASSOCIATION OF SENIOR CENTERS

Ms. HIRSCH. It is indeed a pleasure for me to be here today. I am Susan Hirsch and I am president of the Maryland Association of Senior Centers which is a statewide organization representational of the 108 multipurpose senior centers in Maryland and it is in that capacity in which I am providing my remarks today.

In addition, however, I am also the director of the Northwest Senior Center in Baltimore City, one of the few centers privileged to share Sara Barron.

The Maryland Association of Senior Centers is known as MASC, was formed in 1980 for the purpose of advancement of knowledge in the senior center field. In July of 1983, MASC conducted a survery of senior centers to gather information on facilities, funding, characteristics of center participants, and the provision of services and activities by centers.

With a 92-percent response rate, the data provided by the survey clearly documents the role of senior centers as focal points for aging services within the continue of care, serving both the highly functional as well as the impaired elderly.

Some survey highlights are: 25 percent of Maryland's 600,000 over 60 population belong to a senior center. Centers are funded by one-third local resources, one-third Federal resources, and one-third voluntary sources with all conducting fund-raising activities.

In addition, a legislative initiative is being developed to secure State, operating, and capital dollars. Over 12,000 persons volunteer in centers. Sixty-six of respondents serve the elderly with visual, hearing, and mobility impairments with 25 percent serving the already institutionalized elderly.

Over 50 percent of the centers offer a wide spectrum of services, including health screenings, information referrals, outreach programs, transportation, nutrition, counselling, tax, legal, fuel, and food stamp assistance. A broad range of activities are also offered designed to address the effective, cognitive, and physiological well-being of older adults.

Based upon Maryland's experience, MASC makes the following recommendations for the reauthorization of the Older Americans Act.

(A) Extend the act for a 3-year period.

(B) Increase the authorization levels to allow for reasonable growth in titles III, IV, and V.

(C) Title III Issues: Maintain the basic structure of title III with separate authorities and authorizations for III(b) and III(c) with present transfer capabilities. Allow States the option of a fee collection system for title III services. Maintain the designation of multipurpose senior centers and community focal points as carried in the 1973, 1978, and 1981 amendments. Institute a continuum of services concept that will allow providers to serve both the well elderly at one end of the spectrum and those needing the supportive services of adult day care—or in-home services at the other end of the service continuum.

Strengthen the coordination and resource development role of the State and area agencies in the development of the systems approach to service delivery. Mandate the equal partnership between the State agencies and State departments of health, human resources, employment, and housing in the planning and allocation decisions governing resources for older people.

Maintain a current prohibition against direct service delivery by State units or area agencies unless no other service provider is available or the quality of the service is threatened.

(D) Title IV Issues: Provide for substantial growth and authorization levels and provide for the dissemination and utilization of national data in elderly services, including the Older Americans Act Program, titles XVIII, XIX, and XX of the Social Services Act.

(E) Title V Issues: Require a State operational plan to allow equitable distribution of job slots in the State to ensure uniform policies on wages, benefits, enrollee eligibility, and coordination with the Department of Labor programs targeted for the elderly such as the Job Training and Partnership Act.

On behalf of the Maryland Association of Senior Centers, I would like to express our appreciation for the opportunity to share our expertise in the field of senior centers with you today and thank you and we would be willing to answer any questions.

Ms. BYRON. Thank you very much. Mary Jane Lyman?

## STATEMENT OF MARY JANE LYMAN, EXECUTIVE DIRECTOR, WAXTER CENTER, BALTIMORE, MD

Ms. LYMAN. We congratulate Congresswoman Byron and the House Select Committee for holding this field hearing in Hagerstown. Last year, Mr. Lambrino suggested that the Maryland Association of Senior Centers ought to guarantee that this was held so while we were strategizing how to do it, we got a call saying that Congresswoman Byron had already arranged it. It's wonderful.

I'm Mary Jane Lyman, I'm the director of the Waxter Center for Senior Citizens and the deputy director of the city commission on aging and retirement education which is also the area agency. Today I'm submitting testimony from the perspective of a Baltimore City agency and I want to thank Ms. Byron for all her nice comments about the Waxter Center.

It was built and funded with city money. I have written testimony so I'm going to speak extemporaneously here.

In May of this year, we will be celebrating our 10th anniversary culminating service to over 20,000 elderly Baltimoreans. We are open 7 days a week and the whole list of services is included in the testimony.

Attendance at our center ranges from 200 to 500 a day with 95 percent of the target population, title XX, block grants (social services block grant) eligible. At least 50 percent of our current 3,300 registered members are minorities, 42 percent live alone, and the greatest percentage of our membership ranges from 65 to 75, although we have a couple of members who are over the 100 mark.

The Waxter Center is simply one arm of the service delivery system to the elderly in Baltimore City. I suspect you've heard of our mayor, William Donald Schaffer, and it's through his department and bureau that we have a commission coordinated system to over 140,000 persons over the age of 60 in Baltimore City.

Mr. DAUB. He's done a great job on that, I hope he can make a difference on your football team.

Ms. LYMAN. Well, we sympathize with you and we sympathize with Hagerstown in the loss of its industry because I think we just lost ours.

Of these people, 40,000 are 75 and older and these are the population we consider at risk. The city makes every attempt to provide for the elderly but general funds cover all services and at this point in time, aside from the Colts, particular attention is focused on educational needs.

The Older Americans Act funds in Baltimore I think have been used as they were intended to be used from the very beginning. They were used as seed money. The city of Baltimore receives about one-third of the Older Americans Act money that comes into Maryland because of poverty and population figures.

We have a network of 15 neighborhood senior centers. Four of those previously existed from Community Action Agency and Model Cities' money. The others are all sponsored by the voluntary sector and they are the ones Ms. Susan Hirsch referred to among her Maryland Association group.

There are neighborhood senior centers in every major neighborhood in Baltimore. Title III(b) money was used to help develop and

bring some of them to multipurpose status but in only two of those centers is title III(b) the sole source of funding.

In Baltimore, we learned a long time ago about the public/private partnership. Voluntary agencies, Catholic Charities, Jewish Family and Children, Deaf Referral Agency, Korean Social Services, and a variety of local neighborhood organizations provide basic funding for these senior centers.

Older Americans Act funds, of course, provide Congregate Meals programs in 67 centers to 4,000 persons, home-delivered meals daily for 380 people, and a whole set of community service projects.

By the time the Older Americans Act had called for a focal point, Baltimore had already done that, designating its multipurpose centers as focal points for service. Older Baltimorians, whether they are rich, Korean, Jewish, deaf, disabled, well, minority, institutionalized, poor, reside in sheltered housing, or live independently have access to available services in the community.

Much of this system is coordinated through Older Americans Act dollars and is dependent on them. As the aging population grows, this demand for services comes at a time when State and local dollars are shrinking in actual and in purchasing power.

We have a graying population in Baltimore City that will not go away. Therefore, from the city perspective, we make the following recommendations. Three years reauthorization—this is all written, but quickly—funding needs to be increased, not held at the same levels.

We endorse the continuum of services concept for the reasons Ms. Hirsch mentioned, that we are indeed in our city in a number of centers serving both the well elderly and the frail vulnerable in addition to the programs that Mr. Walker mentioned, Gateway II, and channeling programs are all available in Baltimore City.

We do not like to see a designation of title III to long-term care only. We agree with the fee recommendation services—having an option to charge fees for service, to make recommendations. We find in our day care which is funded by titles 19 and 20 of the Social Security Act that costs for services under that are charged and means tested, but in other titles; it is not, and we need—the State needs the option on that.

It's also not realistic to plead that Older Americans Act funds can continue to provide all of this. We need to begin to look at other means of funding which I'm sure is what you're saying.

We do believe in the maintenance of the structure, we have no problems with up to 35 percent of transfer of money. We would like to see stronger statements from the Feds on requiring coordination at all levels of government.

Our mayor has been very good about that and has recently proposed a new form of administration strengthening the hand of the Commission on Aging which would make sure that all city governments have to provide a plan if it impacts on the elderly to that Commission for approval and sign off before they make any changes.

Needless to say, all of those parts of government were in place before the Commission was, so it's not easy to upset that, but we find that to be a very strong point and it needs to be done and certainly is money saving.

Support the prohibition of direct service by State and area agencies, again unless the quality of services are endangered.

Title IV—we agree with Congressman Daub on the need for better dissemination of studies. We ourselves have participated in research and demonstration grants. A number of them have been done over a period of years. That information and material is never made available and it's a terrible waste of time and of effort.

So we'd like to see that disseminated as well as the collection and utilization of national data on other programs and services for the elderly, including titles 18, 19, and 20 of the Social Security Act. That's very important.

The Older Americans Act is one small piece of a support that goes to older people and I think we need to be taking a coordinated look at a much higher level at the Federal level.

I testified this week before Congressman Ike Andrews' committee on the new title VII proposal on the Health, Education, and Welfare Act, I think you're familiar with, and recommended that his Health Education Program be located in title IV as a research and demonstration model for a couple of years, rather than as a new title to the Older Americans Act.

I also think that funding must be restored to that act at a higher level or we're never going to have learned or disseminated any information.

Title V, we recommend again a closer coordination between the State units on aging and the national contractors to ensure equitable distribution.

So the graying of the United States is a phenomena that won't go away and that the Older Americans Act uniquely addresses and it's our recommendation that it be maintained, strengthened, and funded adequately. Thank you.

Ms. BYRON. Thank you very much.

Ms. Whitaker, Coordinator of Washington County Meals-on-Wheels Program.

### STATEMENT OF MICHAELA WHITAKER, COORDINATOR, MEALS ON WHEELS PROGRAM, WASHINGTON COUNTY, MD

Mrs. WHITAKER. I'd like to thank you for giving me the opportunity to speak on the Meals-on-Wheels Program. As the coordinator of such a super program, I could probably go on for hours, but I won't because my time is fleeting by.

Anyway, I'd like to give you a few details about the Meals-on-Wheels Program in Washington County. We are sponsored by the community action council in the county. We deliver two nutritious meals, 5 days a week, to the homebound residents of the county.

Although the majority of our participants are over 60, the program is open to anyone who for mental or physical reasons cannot shop for or prepare meals. The meals are prepared at five nursing homes in various areas of Washington County and we are able to reach just about everyone, except in the Hancock and the Clear Spring areas.

We're basically a self-supporting program, we charge a fee for our meals and in turn the money goes to pay the centers for meal

preparation, for our supplies, for the equipment that we use when delivering meals and generally to operate the program.

The Older Americans Act, through Commission on Aging, provides resources to reach approximately 40 to 45 persons daily who would otherwise not be able to receive Meals-on-Wheels, we serve about 120 people a day, but 40 to 45 of these people are subsidized through the Commission on Aging.

These participants are subsidized 88 percent of the meal cost by Commission on Aging and 12 percent by Community Action Council. The first 5 months of fiscal year 1984, 8,452 meals were subsidized for 62 persons on Meals-on-Wheels.

Without funds from Commission on Aging, our Meals-on-Wheels Program would still be able to function but the senior citizens who are economically and physicially deprived would not be able to live in the environment of their choice and maintain their independence.

I think so often the senior citizens that possibly could not afford the various services are the ones that really need them. I have no recommendations, except to keep the funds coming to Commission on Aging so they can sponsor more people or sponsor at least the people they have on the Meals Program.

[The prepared statement of Ms. Whitaker follows:]

WASHINGTON COUNTY COMMUNITY ACTION COUNCIL, INC.,
*Hagerstown, MD*

As Coordinator of Washington County's Meals-on-Wheels Program, I would like to explain our program to you. Meals-on-Wheels, sponsored by Washington County Community Action Council, delivers two nutritious meals, five days a week, to the homebound residents of the county. Although the majority of our participants are over 60 years of age, the service is available to anyone who is unable to shop for or prepare meals due to physical or mental reasons. In fiscal year '83 we reached 322 individuals and delivered 50,698 meals.

Meals are prepared at five nursing homes in various sections of the county and delivered by volunteers. We have contracts with the nursing homes as to the number of persons that can be served on a daily basis, which limits the number of persons who can be on the program at any one time. Because of the fluctuation of our participants, those who are placed on a waiting list usually are filtered into the program within several days. Referrals come to us through the Health Department, Homecall, Department of Social Services, Doctors, Ministers, Commission on Aging and "word of mouth". We are basically a self supporting, non-profit program. Our participants are charged a fee for their meals, which is used to pay the nursing homes, buy supplies, buy and repair equipment, and generally operate the program.

The Older Americans Act, through Commission on Aging, provides resources to reach approximately 40–45 persons daily, who would otherwise not be able to receive Meals-on-Wheels. These participants are subsidized 88% of the meal cost by Commission on Aging and 12% by Community Action Council. The first 5 months of fiscal year '84, 8,452 meals were subsidized for 62 persons on Meals-on-Wheels through Commission on Aging.

Without funds from Commission on Aging our Meals-on-Wheels Program would still be able to function, but the Senior Citizens who are economically and physically deprived would not be able to live in the environment of their choice and maintain their independence.

MICHAELA WHITAKER.

Ms. BYRON. Did I understand you correct—when you stated that you do not receive a lot of requests that cannot be met—except in the Hancock area?

Ms. WHITAKER. No. Through Commission on Aging, we are able to have just about everyone on the program. Is that what you mean?

Ms. BYRON. Yes, so you really have not had to turn down senior citizens with the fact that they cannot be served other than the Hancock area and that is for administrative reasons?

Ms. WHITAKER. Right, that's because we do not have a nursing home in that area. We found that nursing homes, because they are equipped to provide special diets, and we have quite a few of our participants on special diets, are the most economical establishments to supply meals.

Ms. BYRON. Basically when they are meeting the needs to start with, you can prepare 5 to 10 extra meals without an exorbitant cost—

Ms. WHITAKER. Right. We do have contracts with the nursing homes to prepare so many meals per day.

Ms. BYRON. Mr. Daub, do you have questions?

Mr. DAUB. Oh, yes, as usual. I enjoy this subject probably more than I do any other subject in the Congress.

Do you have a Visiting Nurses Association network in the State of Maryland?

Ms. LYMAN. I don't know about the State. We certainly do in Baltimore City.

Mr. DAUB. Do they help with Meals-on-Wheels or not? Some States they do, some States they don't——

Ms. LYMAN. Yeah, originally in Baltimore City, they were the coordinating agency, but Meals-on-Wheels in Baltimore City became such a big event that it developed its own voluntary agency.

Mr. DAUB. So they don't participate, as far as you know, anymore?

Ms. LYMAN. Board membership, probably is all.

Mr. DAUB. All right. Let me just go—that was the only question that I had for you was if the VNA does. In our State, they are sort of an overlapping problem where we've got turf—going on between the area aging office and the original Meals-on-Wheels VNA Program and they're learning, I think, what the problems are involved in that.

Multipurpose center coordination—I guess I gathered Susan—and I just don't want the two of you now—Alec, I don't want Susan—the two of you to fight, but I need a dialogue in the record now over the comment, the last comment you made, Susan, the fifth point, title V, with respect to a State plan for uniform benefits and I saw Alec take notes and so did I.

What do you think about that, Alec? Or do you need to have her tell you more about what she means about that?

Mr. OLSON. I'm not sure that I do know exactly what she means about uniform benefits——

Mr. DAUB. I'm not sure either.

Ms. HIRSCH. I can give you the specific experience of senior citizens center, the one I am from. We have a number of people who participate in title V programs, we have some from Green Thumb, we have some from Senior Aides, and they do not have in anyway uniform benefits, there is no coordination.

In addition, we receive directives at certain points in time that if we have individuals who are with one program, we may not have individuals who are with another program. It is our wish at the local level that the guys at the top would kind of get their act to-

gether and come up with directives that are consistent over time, if there is to be change to inform us.

We wish to be consistent with their policies, however, we're not clear what their policies are. So that provides a lot of difficulty at the local level in trying to utilize the senior employment programs to supplement the services within the senior center.

I think for an individual Senior Aide, there is a problem--or a Green Thumb person—there is a problem with the differences in benefits and pay raise and for some people that is a greater hardship than others.

I am cognizant of the difficulties in terms of whether you provide—the economic difficulties with providing the health program and other services. There are some who get absolutely no benefits if they are sick, they have no sick leave whatsoever. There are others who have sick leave and vacation.

That is a problem in terms of their ability to understand and our ability to use them in the center, that we wish to have greater coordination and greater clarity in terms of our ability to use them with the individual service network.

Mr. DAUB. Alec——

Mr. OLSON. Congressman, I would be very pleased to discuss again—I touched on it but to discuss in more detail and if we have not appropriately told your host agency exactly what our benefits in terms are, then guilty we are and may I say that the policies, the manual, the directives, we are required—I require that a host agency get an orientation and we provide a handbook and we set out the specifications of how we—of what we do, of what our responsibilities are and what host agencies' responsibilities are.

Now, the desire not to be duplicative within a host agency and as important an area or more important does not come just from our good intentions, it comes from the Department of Labor. I think rightfully so. And when you point out that there is a need for an improved coordination, yes, there is, it is improving and we have no complaint, of course, making that statement that coordination should not continue to be improved and if it is more directive of requiring coordination at a point, fine, that also should not be anything nor is it anything we're going to argue about.

We, for instance, in six States receive the Governor's money. In four others, we receive a large share of it, and in those States we feel it is our responsibility to lead the coordination and we aren't bashful about getting in there and saying, hey, come on, you all——

Mr. DAUB. I want you to specifically comment about this idea that everybody ought to be paid the same and get the same benefits.

Mr. OLSON. All right. When it comes to the benefit level, we most assuredly provide—and I can speak for what we provide, I don't know the details that—maybe somebody wants to say, hey, all of you ought to spell out your benefits to each other. We have not sat down and specifically done that.

We do provide sick leave. We do provide half days of vacation for every legal federal holiday. They're part-time employees—that is a change in that when they were scheduled to work, some got them and some didn't and in this calendar year, if you paid the people

that worked 3 days at the end of the week, they'd lose nine of the holidays. So everybody gets a half a day holiday.

Mr. DAUB. Maybe what I'm—I'm not making myself clear. I guess I don't know either one program compared to another and I'm really going to have to investigate this a little bit because what bothers me a little bit is that probably in the beginning each of these programs grew up with different purposes and now we're starting to see local host agencies compete to get the slots and they're probably creating their own problem in a way because they want the jobs, they're funded, and so they get two people in from two different programs and then they start talking over their benefits and one gets this and one gets that and you start having a problem.

The fact of the matter is that can get to the point where it develops substantial criticism.

Mr. OLSON. Thank you, Congressman, because if I understand, if I may not give you credit for having said anything, but I guess I remind myself that if we all got everything we wanted, it might not be good for us.

Mr. DAUB. Yeah, I worry about it.

Mr. OLSON. And I'm saying that we do have and we in our orientation with host agencies, we do make the payroll, we are responsible for the supervision and making sure that the criteria is met.

Now along with that responsibility is to find the community service job that is of the greatest priority in that community and we need that cooperation. If it wasn't for host agencies, nobody would have a slot to go through——

Mr. DAUB. I know that——

Mr. OLSON. So we want to make sure that we coordinate but the one benefit that may be—if there is a hospitalization benefit provided by one and not the other, as I explained earlier, that may be a deterrent and we may all—the contractors coming to the common agreement that it is——

Mr. DAUB. Mary wants to say something. It also may be that we shouldn't have similar benefits. These programs may have different reasons and maybe the host agencies need to understand where and when they should and shouldn't apply for that funding for that particular job.

So it's not that if they all looked alike—it's like this bank deregulation business going on now, you know, we got all of them looking alike and competing for the same savers' dollars so it's not cheaper, it may be more expensive.

We may—getting into a process here that is even worse than what we intended in the beginning.

Mary, what were you going to say?

Ms. LYMAN. Well, obviously you know the politics of the national contractors and in Maryland we have title V—I mean through the Office of Aging directly from Department of Labor, we have people from the National Council of Senior Citizens, one of the national contractors, we have them for Green Thumb who's the new kid on the block in our case, and the National Council on Aging and frankly there may be some others.

I think that both Susan and I said that we thought that coordination needed to be made at the State level. Now, perhaps there

will be inequities, but we deal with this problem as everybody does because those folks talk to each other. That's really only part of the problem we're addressing.

The problem is that in Maryland, because we are so close to Washington, we have all the national contractors and maybe we have too many. Of course, we all think not, but the whole distribution needs to be looked at and in our view the State office on aging is the one that can do some coordinating and planning.

Mr. DAUB. Appreciate that very much. Your point's well made and I'm finishing now. I have just some statistics I need from you—all right, go ahead.

Mr. OLSON. Please, may I——

Mr. DAUB. Sure.

Mr. OLSON. In following through on that tell you what transpired 1 year ago when we talked about the slots available to the State of Maryland because of the $37½ million provided through the Jobs Program by the Congress, there were 90 new slots available in the State of Maryland.

Green Thumb was operating a project in the District of Columbia. NCBA was operating a project in the District of Columbia. They were operating one in Kentucky and we were operating one in Kentucky. On my volition, Green Thumb traded our slots, every one of them, all of them, not one or two, but all of them in the District to NCBA went to the meeting they were going to decide where the slots were going to be. I said, "I want all 90 of them in Maryland because we'd now been hurt administratively because the Maryland and the District were together."

I told all the contracts in the room, "You give us those 90 slots and they will go where the State, Mr. Cole, says they should go," and that's what we did. When there came a fuss between our local people about where they would go, you know that I said, "Hey, wait a minute, don't fuss around with me, they belong in Baltimore and that's where they go."

Sometimes if I'm sounding emphatic about it, you've got to have that toughness, and if I can add one more thing on flexibility and how great it is and sometimes where it kind of runs off. We operate in 45 States and they have to be identified as separate because the slots and the moneys are identified separately.

Mr. DAUB. That's right, right.

Mr. OLSON. If we save $100 in each State, that's one job for an older American. Out in the States, the flexibility—they've got it, I want to make sure they've got the flexibility so they can be ingenious or use their God-given talents, but I still got to be responsible for making sure that they don't waste just $100 because 100 times 45 is 4,500 and that's a job.

Mr. DAUB. Sure, I appreciate that.

Mr. OLSON. So that's the—there's always a playoff in this business and I plead guilty to the fact that we can do a better job of coordination and I will accept that coordination being better and being under the direction because in Maryland we said that we will cooperate——

Mr. DAUB. Alec, don't be too sensitive there. I think we were up on a plane higher than just what may be happening parochially in Maryland between you all. I think we're looking at a problem that

is systematic here as it is everywhere else and this record is going to help us make that point when we go back to the committee.

Statistics quickly. The Department of Labor regulates and requires 15 percent transition rate into private unsubsidized employment by title V enrollees. How well has Green Thumb here been doing to meet that 15-percent goal?

Mr. OLSON. We're running about 3 percent over. We run about 18 percent currently.

Mr. DAUB. OK. AARP, for example, is running about 40 percent, so I just——

Mr. OLSON. They are and there's a difference in methodology of operation that we haven't got time for——

Mr. DAUB. I appreciate knowing it, but I am aware of that, too. What steps are you taking to improve your transition rate?

Mr. OLSON. We are emphasizing greater training, we are saying that we have to do it, and we are also—what was the comment somebody made this morning about treating volunteers as individuals and respectful——

Mr. DAUB. And train 'em.

Mr. OLSON [continuing]. And train 'em and I say that when we put a Green Thumb enrollee on, if they are able to work and they do want the job, it's a part attitudinal at the start and I say that's the first day of better days for you and I don't let them get that idea that they're settling in for a job for life. That's part of our problem is that they get comfortable and lack sometimes the assistance and backup like transportation and putting things together to get a better job.

Mr. DAUB. OK. The national contractors may not spend more than 15 percent on their budget—of their budget on administrative costs. What does Green Thumb spend on administration?

Mr. OLSON. We're about 10 percent.

Mr. DAUB. About 10? And are you doing some things to hold those costs down?

Mr. OLSON. We surely are. I sent our grant document off yesterday and it is fully 1 percent more for worker wages starting July 1; in spite of costs, I'm insisting that we squeeze. We've been squeezing and we'll continue to squeeze.

Mr. DAUB. Excellent, glad to hear it, and Mary Jane, how about business/private sector contributions? I didn't hear you say anything about that. What kind of United Way funding do you get in Baltimore?

Ms. LYMAN. Well, Waxter Center doesn't get any——

Mr. DAUB. You don't get any——

Ms. LYMAN [continuing]. Because we're a city agency——

Mr. DAUB [continuing]. I see.

Ms. LYMAN [continuing]. But other of the neighborhood senior centers get—some of them get United Way funding.

Mr. DAUB. Some United Way funding——

Ms. BYRON. Let me ask you on that——

Mr. DAUB. Thank you very much.

Ms. BYRON. The Florence Baine Center in Howard County is under the same concept that Waxter Center is in Baltimore, is it not?

Ms. LYMAN. I can't answer that——

Ms. BYRON. It's under the auspice of the Howard County——

Ms. LYMAN. Office on Aging.

Ms. BYRON [continuing]. Office on Aging, because I think those two centers are unique in the State with the flexibility and the programs that are available, at least looking throughout the rest of my district, I find them fairly——

Ms. HIRSCH. There are a number of other centers in different locations throughout the State. There's the Calvert Pine Senior Center in Calvert County and the Pascal Center in Anne Arundel County which also are modeled after the Waxter Center. I don't know if I'm leaving anybody out.

Ms. LYMAN. Well, but none of them were able to come up with total government funding as we were, but that was a long time ago.

Ms. HIRSCH. Sure.

Ms. BYRON. Let me, first of all, thank this panel once again for participating today. We also have in the audience the—Jolene Gingro is the Carroll County Commission on Aging. I appreciate you coming over today.

Is there anything that you want to sum up that you've heard today in 1 minute?

Ms. GLASGOW. In 1 minute?

Ms. BYRON. Yes.

Ms. GLASGOW. Let me just say that——

I think that many of my counterparts gave an awful lot of very, very good information out to you. Let me just say that I come from Pennsylvania and I was involved in an area agency on aging for 6 years—you know how—Pennsylvania is—you know the amount of money that they get——

May I just say that in my 6 months down here—I'll just give you a few statistics that we have. Carroll County has a total population of approximately 99,000 people. Of that, 13,000 or 13 percent are over the age of 60.

The number of programs that we have—they are all very similar to the ones that many of the agencies do offer.

During the fiscal year 1983, the Carroll County Office on Aging provided services to over 7,000 unduplicated persons and that reflects approximately 55 percent of the elderly population of Carroll County.

The 1983 figures further reflect that the total unduplicated persons—of the total of unduplicated persons served, 5,383 were categorized as being in great social need and 1,795 persons—economic need.

The agency served 287 persons who were minority—very, very small percent of the total population.

I'd just like to say that one thing—the Older Americans Act—support services—title III-B—the last 3 years, the moneys that Carroll County has received have been cut drastically.

As an example, Carroll County Office on Aging in 1981 had a total III-B budget of $122,000. Our allocated budget for III-B for fiscal year 1985 is $76,000. This is a reduction of 37 percent.

We continue to try and increase the number of people that are served—target population. However, it's very, very difficult when you consider the fact that the moneys are continually cut down.

Mr. DAUB. Can I ask you a question? Has your county been gaining or losing elderly at a rate slower or faster than the other counties in the State?

Ms. GLASGOW. Two percent——

Mr. DAUB. Was the rate of gain for other counties more than yours?

Ms. GLASGOW. Yes.

Mr. DAUB. See, so that's why you got a funding mix cutback. It's not a matter of the funds being cut but your county's demographics changed and they weren't accelerating at a rate I would suspect faster than some of your other Maryland counties. That's the problem.

Ms. GLASGOW. That is correct. There is one thing I would like to add though, I'm not going to go into detail about many other things, but one thing I think it would be very good for you to note that when our funding was starting to be cut 3 years ago, the Carroll County Office on Aging started to do extensive fundraising activity and I think we were one of the few area agencies in Maryland that did that.

We are a county agency, however, our transportation system—I'm sure Congresswoman Byron has heard of it—our SOS transportation system—is a private, nonprofit—I think—at least 70 percent of my time as a fund raiser and doing fund-raising activities.

Because of this, for the last 3 years we have raised over $50,000 a year. Right now we are up to—we had a donation of $15,000 this week which has helped us tremendously, we are over $50,000. Because of this, we can take some of the III-B moneys that we do get—we can put other moneys back into our budget.

So even though—you consider placing more money in a III-B budget, we do try to do our part in Carroll County and I just wanted you to know that. We are not asking for something——

Ms. BYRON. You're the first one today to mention local fundraising. Most of the other individuals who have testified have mentioned volunteers——

Ms. GLASGOW. We also have——

Ms. BYRON. I'm sure—I'm well aware you've got a large amount of volunteers. Have the other organizations looked into a fundraising aspect?

Ms. HIRSCH. I think we all have. In Baltimore City, we have been—the title III grantees have been--funded for the past 4 years and with budgets that were not particularly large to begin with, we've gone well beyond fat into bone, muscle, and blood.

So that we really—begin our fundraising efforts—a number of the centers in Baltimore City and in other locations throughout the State but particularly in the city have gone to membership dues. They are in almost all cases voluntary and membership dues—people who do not pay their membership dues are still entitled to receive the services components.

The center that I represent raises over half of the dollars needed to run the center outside of the Federal dollars. That center is unique because it has the voluntary support of a number of private nonprofit agencies.

Other centers have followed suit and we do an awful lot of fundraising and one of the ways that we would appreciate training is

that we, most of us, come from social service backgrounds and our training as an agent, our training is not necessarily in the area of fundraising—development and that is specific training in the local level that would be very helpful to us.

Ms. BYRON. Thank you again for coming today. I think this concludes the hearing. I want to take—you cannot have a congressional hearing without Members of Congress and for that I am eternally grateful for Congressman Daub from Nebraska for taking time out to join us here in western Maryland today.

But above that, you can't have a congressional hearing without witnesses and so the witnesses that have come very willingly today to give testimony which will be extremely valuable to the committee, but not only just to the committee but when we have to go to the floor and to address this issue.

There is no doubt in my mind that the Older American Act is going to be reauthorized. The only questions that we have is to what form that reauthorization is going to take and to what changes should be made, what changes are necessary to be made, and what changes certainly should not be made and I think we have a much better understanding today on the local level and the State level of those issues.

I want to thank the Hagerstown Junior College for permitting us to use the facilities and the faculty, the cooperation that we have received from there. I think the fact that the list and the cross section of witnesses has been outstanding today.

I think we've seen from the rural aspect which in my district is extremely important. We've also seen from the metropolitan area. That could not have been done without the assistance that Susan has given us in coming up with some of your suggestions or lists.

Each and every one of us knows that no Congress person operates alone and we couldn't do our job without our staff and my staff has been tremendous on this in working out the logistics and so, Rita Downs and Jackie Sullivan have been extremely helpful to me in getting everything put together. And especially Sheila Duffy from Congressman Roybal's full committtee staff.

Since we are past 1 o'clock and I know everyone is hungry, I think it is time now for me to invite everybody to join us for lunch at the Sheraton which will be served in the Virginia Room. For those of you that don't know, the Sheraton is on Route 40 about 5 minutes away. I think they've been waiting for us for awhile so as soon as we get there, I assure each and every one of you, you will be served a meal.

Mr. DAUB. Let me just add my thanks to all of the witnesses today for your very new and refreshing and innovative direction that you're using to serve the elderly and I must say that other States and localities would do well to follow the lead of our witnesses here and those that you've assembled, Congresswoman Byron, because clearly their coordination in expanding volunteer and business support is notable and you must be very proud of these fine Marylanders who serve the elderly and growing elderly and aging population in our country.

I'm most appreciative, too, of my staff and particularly John Vihstadt who's counsel to the Minority and Aging Committee for being here and for helping me prepare for the hearing.

I guess on a final note, I appreciate very much your leadership and this is going to be a very fine record for our colleagues to enjoy and to peruse as we undertake to reauthorize the Older Americans Act and I want to associate myself with the closing remarks that you made. Thank you.

Ms. BYRON. Now, so no one goes away, everybody has a chance on a one-on-one basis—we will see you all at lunch in a few minutes.

[Whereupon, the hearing was adjourned at 1:15 p.m.]

# APPENDIX

## STATEMENT OF MONTGOMERY COUNTY COMMISSION ON AGING

The Montgomery County Commission on Aging is pleased to have the opportunity to comment on the reauthorization of the Older Americans Act. This Act has been of inestimable benefit to the older citizens of Montgomery County as well as those residing in other Maryland areas. The rapidly increasing elderly population coupled with drastic reductions in Federal health and social service programs makes in imperative that the basic needs of the elderly are met now and in the future.

Underlying this new reauthorization is the need for the Federal Government and those concerned with the welfare of the elderly to make a commitment to develop community and in-home services rather than to concentrate on expansion of unnecessary institional care.

Other programs important in serving the elderly have suffered enormous cuts. This makes the services provided by the Older Americans Act even more important. These programs have promoted the independent living of the older population in the community.

To further achieve the goal of independent living, we concur with the following specific recommendations:

An Assistant Secretary for Aging should be established within the Department of Health and Human Services.

Congress should continue to expand current statutory flexibility given to state and area agencies in determining the allocation of resources to services. This can be accomplished by maintaining the current transfer option provisions between the separate authorizations for III-B services, III-C congregate meals and III-C home delivered meals. In addition, we strongly support the expansion of the 20% transfer provision between III-B and III-C to the suggested 25% level.

We would highly recommend that the regulations to implement the rauthorization be issued in a reasonable and timely fashion. If the regulations are not issued in a timely fashion, some penalty should be placed upon the Secretary's evaluation funds derived from the Older Americans Act.

The Federal Council on Aging should be continued. To create a new and larger body composed of officials would only disperse responsibility for creating, maintaining and implementing policies of the Older Americans Act.

Long-term community based care, while a needed and important goal, should not be made a priority service of the Area Agencies on Aging at this time. We are all aware that the increase in population coupled with the cutbacks in other programs places an additional strain on resources. To place long-term care as the priority service would be unjust to the Area Agencies on Aging and to the current priority services unless adequate funding could be assured. AAA financial resources are already stretched. Do not ask them to stretch even more.

The importance of Title V Community Service Employment must not be underestimated. Past history demonstrates the Department of Labor's lack of interest in this important program. Because of this, the administration of the Program might be more appropriately lodged in the Administration on Aging.

On behalf of the 87,000 older citizens of Montgomery County we urge that our recommendations be considered and that this important Federal legislation include them on reauthorization.

Respectfully submitted.

LAURA H. DALE, *Chairperson.*

STATEMENT OF MARILYN J. METHENY, EXECUTIVE DIRECTOR, GARRETT COUNTY COMMISSION ON AGING, INC., OAKLAND, MD

I am Marilyn J. Metheny, Executive Director, of the Garrett County Commission on Aging/Area Agency on Aging.

I appreciate this opportunity to give testimony on the reauthorization of the Older Americans Act on behalf of the senior citizens of Garrett County.

Garrett County, Maryland, is a very rural county in the Appalachian region. The population of 27,581 is spread over 662 square miles.

According to the Maryland State Department of Planning, there are 4,577 (or 16% of Garrett County population) persons 60 plus in Garrett County. Of that number, 49.8% (2,298) are 70 plus. Over 20% of those 60 plus live alone, according to 1980 sensus figures. Two more important facts need considered: approximately one-third do not have their own transportation and 62% of the seniors live outside the two larger population areas of Oakland and Grantsville. These figures combine to form a disturbing picture of an isolated, frail individual who does not have means to easily access necessary services/benefits.

Chances are that this isolated, frail individual is also poor, since 28.6% (1,309) are below the 125% poverty threshold. Approximately 470 (10%) are on Medicaid Assistance, according to recent data from the Maryland Department of Health and Mental Hygiene.

The elderly, in the traditional rural ethic, have been able to turn to their children and families for aid. The recent recession has rendered some of those family members unable to help. Garrett County's unemployment rate in recent years has been as high as 25%.

The Garrett County Commission on Aging/Area Agency on Aging provided a myriad of services with Older Americans Act funds in FY83:

Information and Referral to access services/benefits: 2,149 units to 300 people.

Outreach: 1,393 units to 76 people.

Project Gateway I, a Maryland funded program, has greatly expanded our I&R and Outreach capabilities, and serves as a screening agent for other services.

Transportation to doctors, shopping, senior center and meal sites: 4,495 units to 260 people.

In Home Services--Homemaking and Personal Care Services to frail, elderly: 1,078 units to 57 people.

Recreation: 6,673 units to 380 people.

Health Related Services: 1,477 units to 300 people.

We also actively participated in the commodity distribution to facilitate delivery to the elderly, particularly the homebound.

Over 45% of our senior citizen population received Title III-B supportive services through the Area Agency on Aging in FY83.

Through Title III-C1, 960 unduplicated senior citizens received hot, nutritious meals in a congregate setting. Because of the pervasive transportation problems in our rural county, we operate 13 meal sites, one in a senior center. Various recreational and informational services are offered, in addition to the fellowship.

An additional 167 frail, homebound elderly received home delivered meals.

We are proud of the fact that 25% of our population is benefiting from the Nutrition Program.

While there is no means test, screeing and prioritizing is done for some services, such as homemaking, personal care, transportation and home delivered meals, to insure that the most needy receive those services.

We have close, albeit informal at the present time, ties with the other major service providers in Garrett County: Department of Social Services, Health Department and Community Action Committee. These contacts permit us to coordinate our efforts to minimize duplication of services and maximize our resources.

Funding for Older Americans Act programs has increased very marginally for the past few years. In fact, given inflationary factors, has been reduced.

In Garrett County, our funding has also been affected by the population figures.

By way of illustration, in FY79, with an estimated 4,025 senior citizens to serve, the Commission on Aging received $40,324 for III-B programs. For FY85, with an estimated 4,577 senior citizens to serve, we are projected to receive (under the Administration's recommended levels) $39,257--a reduction of $1,067 to serve 552 more people! At the same time the number of elderly has increased and will continue to do so. Institutions are returning elderly to the community also as a result of regulation changes. The elderly will also need those services for a longer time.

Service providers have been searching for alternative funds from local businesses and individuals, fundraisers, and, of course, the seniors themselves to support serv-

ices. Our seniors have dug down deeper into their pockets and responded admirably. In the past two years, the donations for meals in Garrett County have gone from an average of 39¢ to 75¢ per congregate meal and 29¢ to 49¢ for home delivered meals. However, at the same time, Social Security benefits have been held to minimal amounts although Medicare premiums have raised considerably. Medical co-payments have also "gone out of sight," as have utility expenses.

The seniors are quickly coming to a point where they will not be able to afford to donate more for services because of other uncontrollable demands on their income. The current recession in Garrett County has greatly reduced disposable income for many of our people, as well as reducing revenues from income, sales and property taxes to county and state.

Many studies have shown that supportive services such as those provided through Older Americans Funds, help keep individuals at home, where they are happier and cost of services is much more modest than institutionalization.

Once this fact is understood and accepted, common sense dictates that this network be supported with sufficient funding, with enormous cost savings in Medicaid institutionalization costs more than offsetting this expense.

Emphasis needs to be put on the III-B program which provides personal care, homemaking and chore services, transportation to doctors, shopping, meal sites and delivers home delivered meals, and other direct services that make it possible for our elders to retain their dignity and independence as they remain in the community.

We deeply appreciate your commitment to the problems of the elderly as shown through your participation on this important committee and appearance at this hearing.

I am grateful to have the opportunity to participate in the reauthorization of the Older Americans Act at this critical time in our history.

Thank you!

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HOWARD COUNTY OFFICE ON AGING,
*Ellicott City, MD, March 29, 1984.*

Representative BEVERLY BYRON,
*1216 Longworth Building,*
*Washington, DC.*

DEAR MS. BYRON: Thank you for your invitation to submit written testimony regarding the reauthorization of the Older Americans Act of 1965, as amended. We feel we have specific responses to each of the items contained in your letter, and some additional comments or observations.

According to the 1983 census projections provided by the Maryland Department of State Planning, Howard County has 10,967 age 60 or over, which is 1.8% of the total state 60+ population. We have 555 or .9% persons considered poverty level or below. The largest percentage of older persons live in the Ellicott City, Columbia, Elkridge and Laurel areas. There are significant numbers in the western part of the county, although not in concentrated clusters.

In this county, we have a senior center which serves as the focal point for programs and services for the elderly with a network of nutrition sites and satellite groups in strategic locations throughout the area. Through these means, we have a county wide senior participation level of approximately 2,000 persons.

Primarily, our office is responsible for program planning and administration, coordination of the delivery of existing services and pooling of existing and untapped resources. In addition to our administrative role, we have some direct service responsibility for Older Americans Act priority services such as information and referral, outreach, legal, telephone reassurance, friendly visiting, congregate meals and other social services; but via our senior center to ensure a quality service operation in this county.

Recently we established a community "Long Term Care Committee" to address issues involving the county's functionally impaired elderly population. This population is most in need. We have begun to address this need through a service component of our Title III Nutrition Program and titled "Extended Nutrition Service". There are several organizations rendering some part of "Long Term Care" to this population in Howard County which means services are partially rendered and on a fragmented basis. Through this committee, we intend to develop a comprehensive coordinated system.

For several years, the Federal Government and various national organizations have had forums and task forces to address issues involved in community based long term care to determine how the various service components can be coordinated

under a community based long term care system, and to define the role of Area Agencies on Aging at both the client and community levels. We need an explicit objective under the Older Americans Act to strengthen our role as local Area Agencies on Aging.

Secondly, we need sufficient funding to support significant community based long term care. Over two-thirds of the forty billion dollars allocated through Medicare, Medicaid, Title XX are spent for nursing home care. Most of the remaining one-third is used by long term hospital, home health expenditures and hospital backup. Only a fraction of these funds are available for use in community based care through Title XX and the Older Americans Act. These funds have been significantly reduced through block-granting and the retention of former year funding levels. This is occurring at a time when the need for this type service is mushrooming in all our communities.

A number of long term care alternatives are in some stage of consideration by Congress. Both Senator Packwood's legislation or Representative Conable's legislation directly address the need as it currently exist but, for fiscal reasons, neither is able to generate congressional support. Congress must realistically restudy its present spending structure which is geared to maintaining most older persons in nursing homes rather than in their homes and communities. It must recognize the need for a continuum of care which addresses the circumstances of the mild to moderate and some severely impaired seniors who could still function in the home and community with appropriate supports provided through community and/or family resources which would still prove far less expensive. Institutionalization would then be the last resort in the continuum of care system, thus reserving it for persons most in need of skilled nursing services.

The above priority is a challenge which would provide the base and structure which would enable area agencies to build effective long term care systems.

Thank you again for this opportunity to testify and address an area of major concern of the Howard County Area Agency.

Sincerely,

VIVIAN L. REID, *Director.*

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MARYLAND ASSOCIATION OF AREA AGENCIES ON AGING,
*March 21, 1984.*

Ref: Reauthorization of the Older Americans Act.

Hon. BEVERLY BYRON,
*Select Committee on Aging, U.S. House of Representatives, Longworth House Office Building, Washington, DC.*

DEAR MRS. BYRON: Thank you for your invitation to submit written testimony for the record at the Select Committee on Aging's March 31, 1984, hearing in Hagerstown. I have enclosed two copies of the Maryland Association of Area Agencies on Aging's position statement on the re-authorization of the Older Americans Act.

Sincerely,

DON WASSMANN, *Chairperson.*

Enclosures.

The Executive Committee of the Maryland Association of Area Agencies on Aging (M4A) was charged by the membership to present recommendations to the State Office on Aging on February 3, 1984, relative to the 1984 reauthorization of the Select Older Americans Act (OAA). Accordingly the Executive Committee met on January 17, 1984, to consider the language changes being proposed by the Federal Council on Aging (FCA), the National Association of State Units on Aging (NASUA), and the National Association of Area Agencies on Aging (N4A). A brief comparison of the proposed changes is attached on a matrix.

MAJOR ISSUES

M4A identified six major issues and makes the following recommendations with regard to them:

*Long Term Care*

M4A agrees with NASUA that the creation and maintenance of a comprehensive long term care system ought to be an explicit objective of the Older Americans Act and thus a more visible responsibility of both state and area agencies on aging.

The membership of M4A voted to strongly reject N4A's recommendation to change Title III from grants for State and Community Programs on Aging to grants for Community Based Long Term Care. There is agreement that long term care is essential but there is also fear that such changes will result in the diminishment of such OAA mainstays as nutrition, senior centers and community service.

*Transferability*

M4A believes that Congress should continue to support and expand the current flexibility given to state and area agencies in determining allocation of resources to services. We therefore support N4A's recommendation that the 20 percent transfer provision between III-B and III-C be expanded from 20 percent to 30 percent. We further recommend that state units permit area agencies full use of this provision in order to provide greater discretion at the local level to develop comprehensive service delivery systems response to the multiple needs of older persons.

*Targeting*

M4A strongly agrees that resources should be targeted to those older persons with special needs: minority, low-income, rural, persons with functional impairments, and persons without functional impairments who require preventative services to maintain independence.

M4A's list of persons who should receive priority is consistent with N4A's with the addition of rural.

*Contributions*

M4A supports the need for soliciting contributions in order to give older persons the opportunity to pay for services and to stretch the resources as far as possible. However, M4A does not support N4A's recommendation that each area agency on aging should establish a sliding contribution scale based on ability to pay. Rather, M4A recommends that the methodology for soliciting increased contributions be left to the local jurisdiction.

*Senior Community Service Employment Act*

M4A agrees with N4A that the benefits of the Senior Community Service Employment Program could be significantly increased for the elderly by simply coordinating the Title V program with the existing OAA network on aging. M4A recommends that the benefit package be standardized and that the income eligibility should be raised.

SECONDARY AREAS OF SUPPORT

M4A further identified thirteen secondary areas which it supports:

1. The elevation of the Commissioner to Assistant Secretary (NASUA).
2. Reduced paperwork, utilization of N4A data base and sharing of findings with the aging network (N4A).
3. Designation of single organizational units at the state and area agency level and mandate for de-designation hearing (N4A).
4. Change in statement regarding provision of services by area agencies on aging to read ". . . if necessary to assure an adequate supply of such services or to ensure the quality of the services provided" (N4A).
5. Change in how III-C contributions are used, i.e., ". . . to provide meals", rather than ". . . to increase the number of meals" (N4A).
6. NASUA's position that the current system with respect to commodities is working and that the program should not be transferred to AoA.
7. The concept of identifying specific funding level for Ombudsman activities (1% or $20,000) but urge increased funding (N4A).
8. Public review and comment of the intra-state funding formula (NASUA) and area plan (N4A).
9. Decreased funding for program evaluation from 1% to 1/10 of 1% (NASUA).
10. Allocation of funds under Part B of Title IV to the area agencies on aging so that training resources will be more responsive to area agency needs (N4A).
11. Dissemination of information obtained via Title IV to the aging network (N4A).
12. Restoration of Title IV funding to FY80 levels (NASUA).
13. N4A's recommendation that the OAA be extended three years, through FY87.

SECONDARY AREAS OF DISAGREEMENT

M4A further identified six secondary areas with which it disagrees:

1. The proposed deletion by N4A of senior centers being designated as community focal points.

2. N4A's addition of case management to access services. M4A supports case management, however.

3. N4A's proposed deletion of ". . . primary consideration shall be given to the provision of meals in a congregate setting. . .". This provision should remain in the Act so that the congregate meal program is not diminished in favor of homebound meals. M4A would support increased funding of homebound meals due to increased need.

4. N4A's proposed change in references to supportive services, nutrition services, and multi-purpose senior centers to health and supportive social services. Although M4A can agree in part with these changes, we feel that they could result in decreased focus on the specific services.

5. N4A's proposed deletion of outreach to "those in need of mental health services" and replacement with "those in need of community based long term care." M4A believes specific reference should be made to mental health services due to the public's lack of awareness of the mental health needs of older persons.

6. FCA's recommendation that Title III funds be consolidated and NASUA's recommendation that Title IV funds be deconsolidated.

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MARYLAND OFFICE ON AGING,
*Baltimore, MD, April 6, 1984.*

Hon. HAL DAUB,
*Congress of the United States,*
*Longworth House Office Building, Washington, DC.*

DEAR CONGRESSMAN DAUB: As you requested at the field hearing on the reauthorization of the Older Americans Act in Hagerstown on March 31st, I am sending you in a separate package the following items:

1. The evaluation of our Community Long Term Care Program (Gateway II).
2. A copy of our budget briefing book which has additional detail about Gateway II along with other program information which may be of interest to you.
3. A copy of Article 70B of Maryland Code which sets forth the duties and responsibilities of the Maryland Office on Aging. This article includes the duties and responsibilities of the Interagency Committee on Aging (IAC) about which you inquired.

You also asked about minority participation in our program in Maryland and whether that participation was increasing. Based on the figures provided to us by the area agencies on aging, minority participation during the past three years has been as follows:

1981—47,046 minority individuals served, of which 45,359 were black.
1982—42,086 minority individuals served, of which 40,648 were black.
1983—53,899 minority individuals served, of which 48,453 were black.

I enjoyed testifying before your committee and appreciated the opportunity to exchange ideas on the reauthorization of the Older Americans Act. Your comments about Gateway II are appreciated. That program was created in late 1982 as a priority initiative of the Governor. It has been quite successful and is highly regarded by the aging network as an effective strategy for enabling older people who are at risk of institutionalization to remain in the community.

If we can be of further assistance, please let me know.

Very truly yours,

HARRY F. WALKER.

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